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TRANSACTIONS

OF THE

Medical and Chirurgical Faculty

OF THE

STATE OF MARYLAND.

ONE HUNDRED AND SIXTH ANNUAL SESSION

HELD AT

BALTIMORE, MD., APRIL 26, 27, 28, 1904,

ALSO

SEMI-ANNUAL SESSION HELD AT BLUE MOUNTAIN HOUSE, MD.
SEPTEMBER 24, 25, 1903.

PRESS OF
KILLAM & GUYER,
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1904.

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1st. Write on one side of paper only.

2nd. Write without breaks, *i e.*, do not begin a new sentence on a new line; when you want to begin a new paragraph, begin in the middle of the line.

3rd. Draw a line along the margin of such paragraphs as should be printed in smaller type—for instance, all that is clinical history in reports of cases, or that which is quoted, etc.

4th. Words to be printed in *italics* should be underscored once; in SMALL CAPITALS twice; in LARGE CAPITALS three times.

5th. Proofs sent for revision should be returned without delay. Authors who contemplate a temporary absence from their regular residence any time during the summer, should notify the Secretary, thus avoiding vexatious delays in the delivery of proof.

6th. Alterations in manuscript should be limited to what is of essential importance, they are equivalent to resetting, and cause additional expense; such changes, if they exceed half a page of printed matter, as also all cuts, photographs and electrotypes, are invariably to be paid for by authors.

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SEMI-ANNUAL MEETING.

The Semi-annual Meeting of the Medical and Chirurgical Faculty was held at the Blue Mountain House, Blue Mountain, Md., on September 24 and 25, 1903. The meeting was called to order with sixty members present, Thursday afternoon, September 24, at 3 o'clock, by the President, Dr. Eugene F. Cordell, who made the following address:

The first prompting of my heart on this occasion is to express to you, my colleagues of this ancient and honorable Faculty, my deep appreciation of the honor which you have so unexpectedly conferred upon me in electing me to this important office, and I utilize the first public opportunity for obeying this impulse. It is indeed a high distinction, to occupy a chair that has been filled for over a century by the most eminent members of our profession in this State. Nay more—it is an incentive to the highest exertion, to know that by your unanimous designation I am treading in the footsteps of such men as Upton Scott, Philip Thomas, Ennalls Martin, Richard Sprigg Stewart, Joshua I. Cohen, Nathan R. Smith, Christopher Johnston, Frank Donaldson, Richard McSherry, John R. Quinan, and the distinguished gentlemen who more recently have adorned this position. While I cannot expect to reach the lofty height of influence and usefulness attained by these heroic figures, I do claim an allegiance to professional interests and an earnest desire to promote them, not less than any one of my predecessors. So that if the office shall appear to have lost any of its importance and effectiveness in my hands, it will be due, not to a lack of earnest purpose to advance your interests, but solely to those limitations which Nature puts upon each of us and to which we must submit.

We have met in Semi-annual Session, on this beautiful day, in the midst of this lovely mountain scenery and at this delightful season of the year, to consider matters of vital interest, not only to us as physicians, but to the citizens of the entire State. We are to consider at this meeting some of the most pressing questions of the hour. Your attention will be drawn, for example, to the diagnosis and prevention of typhoid fever, a subject of ever fresh and burning interest to us; you will hear the new code of ethics expounded by one who took a leading part in its framing and adoption; you will hear from specialists their views upon the State care of the insane and the prevention of blindness; the Secretary of the Board of Examiners will discuss the alterations needed in the medical practice act; while reports will be made by other colleagues who have had those matters under special consideration, upon the organization of the county medical societies as affiliated parts of this Society, and upon the amendments needed in our own constitution to put us in thorough accord with the American Medical Association. Besides these, we shall have a series of papers more strictly relating to medical and surgical practice. Our most earnest deliberation and wisest counsel are called for in the discussion of these matters. The fact that so many great questions are upon our programme shows that we appreciate our responsibilities and are prepared to shoulder them bravely.

Gentlemen, the Medical and Chirurgical Faculty has long since thrown off the swaddling clothes of infancy; it has left behind the inexperience and fickleness of youth; it has passed safely through the trying ordeal of middle age; and it has reached the full maturity of settled and experienced manhood. Its broad shoulders, I trust, are sufficient for any burdens that it may be destined to bear. Said a physician to me at the Surgeon General's Library, in Washington, the other day: "You have a great society in Baltimore, one that ranks with the College of Physicians of Philadelphia; you have a great future before you." These are encouraging words from a high source. Let us carefully provide what further is necessary in the equipment of our society to fit it more thoroughly for the work it has to do.

Now, let me ask with all frankness and earnestness, do we realize here that unity of purpose, that spirit of cooperation, that constant attitude of self-sacrifice, which are necessary to give full effect to our actions? Just think what a power could be exercised in this community by our large membership, composed of such material as it is, if all worked together in perfect concert! How we could elevate professional character, how we could mould public opinion, how we could influence legislation, how we could promote measures for the relief of suffering and the protection of health and life! And how insignificant appear the differences which often divide and estrange us, when compared with the settlement of such vital questions as those, for example, that will come up for consideration here!

This is a matter of such incomparable importance that I desire to lay the utmost stress upon it. Some men seem to be born to oppose those things which their fellowmen approve and desire. Some seem to have an infatuation for stirring up strife. Some are contrary from pique, pride, prejudice, or ignorance. Some "lean and hungry Cassius" cannot follow where other men begin. Various are the motives of human action, and it is too much to expect that any millenium of disinterestedness is at hand; the utmost I can hope, perhaps, from anything I can say, is that my words may reach the ears of some who may be strengthened in the resolution to rise above all selfish motives in deciding the questions that will come before us from time to time in this Faculty.

I now most earnestly call your attention to the pressing need of larger quarters for the purposes of our Faculty. With the late rapid growth of our library and increase of our membership, we have outgrown our home and are being crowded out. Not only are the shelves full to repletion, but there is no room for more shelves. The basement designed for a banquet hall is packed with duplicates and with books belonging to the exchange of the American Association of Medical Librarians, of which we are the custodians. Where to put new books that are coming in in ever increasing numbers is a matter that is causing the

greatest anxiety to the library committee. It has been suggested that shelves be erected in the meeting hall, but that seems out of the question unless we are prepared to give it up entirely to the uses of the library, in view of the fact that it already contains only 175 seats, and we have a membership of over 700. The fact is, we have reached a crisis in our affairs, an event that has been foreseen by some of us for some time past. It was this that induced me to bring up a motion at our last annual meeting for the creation of a woman's auxiliary to assist in procuring funds for a new hall. The experience of our brethren in Brooklyn was cited in favor of the plan, over $17,000 having been raised by women there. My proposal was referred, with power to act, to the Executive Committee, where I presume it will come up for consideration this fall. In the discussion that took place upon my motion, a member suggested that we should appeal to the Legislature for assistance. But even if we succeed there (and the Legislature will be overwhelmed with such applications) is it likely that we shall get from it all we want? While building, we should adopt no half-way measures. We should build for the next hundred years at least, and such a structure as we need—such as the profession has in Brooklyn, which, I am informed by those who have visited it, is a model for our adoption—will cost us at least $100,000. It is likely, therefore, that we shall need all the help we can get from any and every source—ourselves, the citizens, the women, the Legislature. So pressing and vital is this matter, that it should be in the hands of a special committee, so that it can receive immediate and constant supervision, and I would suggest that disposition of it.

I have appended to this address the tabulated results of some investigations recently made by me as to the public literary resources of the profession of Baltimore. They have a practical relation to us as physicians and justify, I think, this presentation of them.

PUBLIC MEDICAL LIBRARIES IN BALTIMORE.

Name.	Founded.	Number of Volumes.	Number of Duplicates.	Number of Pamphlets.	Number of Current Journals.	Librarians.	Is it open to Profession for Reference.	Charge therefor.	Is it open to Profession for Borrowing.	Charge therefor.	Remarks.
1. Med. & Chir. Fac...	1830	13260	2000–3000	4758	153	2	Yes.	None.	Yes.	$6	Particularly rich in encyclopædias, systems of medicine, sets of journals and transactions and in new books.
2. Johns Hopk. Hosp..	1889	8000	500	Thousands.	325	1	Yes.	None.	No.		Rich in current journals and transactions.
3. University of Md...	1813	3500	Few.	1000	25	1	Yes.	None.	Yes.	$2	Rich in rare old works.
4. Woman's Med. Col..	1888	500	None.	200	15		Not fully organized.				
5. Col. P. and S..... ..	1901	250	None.	None.	Few		Not fully organized.				
6. Enoch Pratt Library	1886	1439	None.	None.	11		Yes.	None.	Yes.	None.	
7. Peabody Library....	1866	950	Few.	125	9		Yes.	None.	No.		
Total.....	.	26899	3000–4000	10000–12000	550						

On motion, of Dr. Joseph T. Smith, the President's address was referred to the Publication Committee.

Then the following programme was presented:

"Climatic influence in Disease," Dr. Thomas H. Brayshaw; discussion by Drs. W. T. Watson, C. Birnie, C. M. Ellis.

"What the Country Physician can do to Prevent or Limit Epidemics of Typhoid Fever," Dr. John S. Fulton; discussion by Drs. Jos. T. Smith, D. E. Stone, W. T. Watson and A. S. Mason.

"The Best Means to Employ for the Early Diagnosis of Typhoid Fever," Dr. T. B. Futcher. The discussion was opened by Drs. C. M. Ellis, H. L. P. Naylor, V. M. Reichard, Jeffries Buck, B. W. Goldsborough, D. E. Stone.

EVENING SESSION, Thursday, September 24, 1903.

The session was called to order at 8 o'clock by the President. The following papers were read:—

"The Dwarf Tapeworm (*Hymenolepsis Nana*), a Newly Recognized and Probably Common Parasite in American Patients" (illustrated by lantern slides), Dr. Chas. Wardell Stiles, Pathologist United States Bureau of Animal Industry, Washington, D. C.

A unanimous vote of thanks was accorded Dr. Stiles.

"Was it Wise for the American Medical Association to Change the Code of Ethics?" Dr. Daniel W. Cathell. Discussion by Drs. Herbert Harlan, S. T. Earle, C. G. Hill, C. Birnie.

"The Organization of County Medical Societies and Their Affiliation With the Faculty," Dr. Chas. M. Ellis.

"Amendments to Our Constitution and By-laws Necessary to Harmonize Our Government With That of the American Medical Association," Dr. Sam'l T. Earle.

Dr. J. N. McCormick, of Bowling Green, Ky., Chairman of the Committee on Organization of the American Medical Association, was present by invitation, and made an effective

plea for the organization of the profession in this State, upon the plan proposed by the American Medical Association.

A unanimous vote of thanks was accorded Dr. McCormick.

MORNING SESSION, Friday, September 25, 1903.

The morning session was called to order at 10 o'clock by the President. Then followed the regular programme:

"Tuberculosis of the Urinary System in Women; Report of Thirty-five Cases," Dr. Guy L. Hunner.

"Omental Suture for Ascites," Dr. Jos. H. Branham; discussion by Dr. Hunner.

Under a motion calling for volunteer reports of cases by members, Dr. Wm. T. Watson spoke on "Floating Kidney;" discussion by Drs. J. H. Branham, L. Gibbons Smart, F. J. Kirby, G. L. Hunner.

Dr. G. Lane Taneyhill gave notice that at the next meeting amendments would be offered to the Constitution.

AFTERNOON SESSION, Friday, September 25, 1903.

The session was called to order at 2.45 p. m. by the President.

Dr. John F. Hancock appeared as delegate from the Maryland Pharmaceutical Association. He was heartily welcomed and, by a vote of the Faculty, was extended the privileges of the floor.

Dr. Hancock requested cooperation of the Faculty in the effort to secure legislation of interest to both professions.

The President called attention to the fact that a committee had been appointed to confer with the Pharmaceutical Association on such matters.

Dr. J. McPherson Scott read a paper on "Needed Amendments to the Medical Practice Act." Discussed by Drs. L. A. Griffith, S. T. Earle, Jr., H. O. Reik, Scott, G. L. Taneyhill, J. S. Fulton and L. G. Smart.

Dr. Earle offered the following motion: That a special committee of eleven members be appointed by the President to prepare such amendments to the Medical Practice Act as they may deem desirable, and that this committee be instructed to furnish their report to a special meeting of the Faculty, to be called for that purpose in Baltimore City, about the middle of November, 1903. Motion seconded and unanimously adopted, and the President appointed the following: Drs. William H. Welch, Chairman, J. McP. Scott, Franklin B. Smith, Brice W. Goldsborough, Thomas A. Ashby, John D. Blake, John W. Chambers, G. Milton Linthicum, John S. Fulton, Herbert Harlan, L. A. Griffith.

Dr. Earle moved that a special committee of nine members, to be selected by the President, be appointed to consider the proposed amendments to the Constitution and By-laws, and that this special committee be instructed to prepare and distribute printed copies of their report to every member of the Faculty, not later than ten days prior to the next annual meeting, so that definite action thereon may be taken at that meeting. Carried, and the President appointed the following: Drs. H. O. Reik, Chairman, Samuel T. Earle, Jr., G. Lane Taneyhill, Samuel Theobald, Charles M. Ellis, J. W. Humrichouse, Clotworthy Birnie, Henry M. Hurd, Edward N. Brush.

The Secretary presented correspondence from the American Medical Association and from two National Associations on Tuberculosis, all of which was referred to the Executive Committee for action.

By unanimous vote the thanks of the Medical and Chirurgical Faculty were extended to Mr. Peter S. Flynn, for his kindness and courtesy to its members and for the excellent accommodations provided for the meetings. The meeting then adjourned.

D. C. R. MILLER,
Acting Secretary.

MINUTES OF THE ANNUAL MEETING.

The One Hundred and Sixth Annual Meeting of the Medical and Chirurgical Faculty of Maryland was held at Baltimore, April 26, 27 and 28, 1904.

The first session was called to order at 8 P. M., in the hall of the Faculty, 847 N. Eutaw Street, Dr. Eugene F. Cordell presiding.

The Committee on Revision of the Constitution reported through their Chairman, Dr. H. O. Reik, that the Constitution (as found in another portion of the transactions) was unanimously approved.

The Constitution was read and discussed, section by section.

Dr. Reik moved that the Constitution be adopted. This was seconded by Drs. S. T. Earle, Jr., and G. Lane Taneyhill. The motion was carried.

The following programme was carried out at the remainder of the meeting:

MORNING CLINICS, Wednesday, April 27, 1904.

Johns Hopkins Hospital:

9—10 A. M. Operative Clinic in Gynecology, Dr. Howard A. Kelly.

10—11 A. M. Surgical Clinic, Dr. Wm. S. Halstead.

College of Physicians and Surgeons:

12—1.30 P. M. Surgical Clinic, Dr. J. W. Chambers.

AFTERNOON SESSION, Wednesday, April 27, 1904, 2.30 P. M., Hall of the Faculty.

"Antitoxic Serums in the Treatment of Disease," Dr. Harry T. Marshall.

"What Diphtheria Antitoxin Has Accomplished and How it Should be Used," Dr. Wm. T. Watson.

"The Value of Tetanus Antitoxin," Dr. Brice W. Goldsborough.

"The Clinical Value of Pneumotoxin, Typhoid Vaccine, etc.," Dr. T. B. Futcher.

"Dunbar's Antitoxin for Hay Fever," Dr. Wm. F. Lockwood.

Discussion was opened by Dr. Wm. H. Welch.

EVENING SESSION, Wednesday, April 27, 1904, 8 o'clock, McCoy Hall, Johns Hopkins University.

Annual address by the President:

"The Importance of the Study of the History of Medicine," Dr. E. F. Cordell.

"The Röntgen Rays and Radium," Prof. R. W. Wood, Johns Hopkins University.

"The Diagnostic Value of the Röntgen Ray," Dr. F. H. Baetjer.

"The Therapeutic Value of the Röntgen Ray, Finsen Light and Radium," Dr. T. C. Gilchrist.

"The Medico-legal Importance of Röntgen Rays," Dr. H. F. Cassidy.

MORNING CLINICS, Thursday, April 28, 1904.

University of Maryland:

9—10 A. M. Medical Clinic, Drs. J. M. Craighill and J. C. Hemmeter.

10—10.30 A. M. Surgical Clinic, Dr. Randolph Winslow.

10.30—11 A. M. An Abdominal Section, Dr. T. A. Ashby.

Baltimore Medical College:

12—12.30 P. M. An Operation for Hemorrhoids, Dr. S. T. Earle, Jr.

12.30—1.00 P. M. Conditions Simulating Appendicitis, Dr. Robert W. Johnson.

1.00—1.30 P. M. Cases illustrating the Best Method of Surgically Treating Fractured Patellae, Dr. John D. Blake.

AFTERNOON SESSION, Thursday, April 28, 1904, 2.30 P. M. Hall of the Faculty.

"Pylorectomy for Cancer of the Stomach" (Exhibition of patient), Dr. Jos. H. Branham.

"A Case of Chronic Pancreatitis; Operation; Recovery" (exhibition of patient), Drs. J. W. Chambers and Julius Friedenwald.

"Hour Glass Contraction of the Stomach" (exhibition of specimens), Dr. José L. Hirsh.

THURSDAY EVENING SESSION, April 28, 1904, 8 P. M. McCoy Hall, Johns Hopkins University.

Annual Oration: "The More Remote Consequences of Infected Bile," Dr. John B. Deaver.

Original Poem: "The Foes of the Household," Dr. C. C. Bombaugh.

Adjournment and banquet at Stafford Hotel.

J. W. LORD, M. D.,
Secretary.

HOUSE OF DELEGATES.

The first meeting of the House of Delegates convened at the Hotel Stafford at 11 A. M., April 27, 1904. Dr. Cordell presided. In the absence of the Secretary, Dr. William S. Gardner was unanimously elected Secretary *pro tem.*

The delegates from the various component societies presented their credentials, and took their seats.

The Committee on the Organization of the County Societies reported that societies had been organized in all the counties except four, viz.: Charles, Alleghany, Caroline and Harford. The Committee asked to be discharged and that the Council carry on the work of organization. The report was accepted, and the Council instructed to act accordingly.

The reports of the Trustees and the various Committees (as published) were read and accepted.

The question as to whether delegates should be allowed to vote by proxy was decided that each delegate must be present and vote; if absent his vote is lost.

The House of Delegates adjourned.

The second meeting of the House of Delegates was held at 11 A. M., April 28, 1904, at the Hotel Stafford.

The following officers were elected for the ensuing year:

President, Dr. Edward N. Brush.

Vice-Presidents, Drs. Samuel T. Earle, Jr., D. C. R. Miller and Julius A. Johnson.

Secretary, Dr. John Ruhräh.

Treasurer, Dr. Thomas A. Ashby.

Trustees, Drs. Henry M. Hurd, L. McLane Tiffany, Wilmer Brinton, G. Lane Taneyhill, Charles M. Ellis, I. Edmondson Atkinson, Edward N. Brush, Samuel C. Chew, J. W. Humrichouse and John W. Chambers.

Committee on Scientific Work and Arrangements, Drs. Jeffries Buck, Henry O. Reik, and John Ruhräh.

Committee on Public Policy and Legislation, Drs. William H. Welch, Thomas S. Latimer, Edwin J. Dirickson, Edward N. Brush and John Ruhräh.

Library Committee, Drs. George J. Preston, William Osler, Stewart Paton, Charles O'Donovan, and J. Whitridge Williams.

Memoir Committee, Drs. Joseph T. Smith, Frank D. Sanger, Hugh H. Young, Philip Briscoe and E. L. Whitney.

Committee on Fund for Widows and Orphans, Drs. Eugene F. Cordell, Wm. Osler, John W. Chambers, Robert W. Johnson and Daniel W. Cathell.

Committee to Confer With Maryland Pharmaceutical Association, Drs. Chas. H. Riley, William F. Lockwood and J. F. Crouch.

Delegates to the American Medical Association, Drs. Clotworthy Birnie and William Osler; Alternates, Drs. Samuel T. Earle, Jr. and Charles M. Ellis.

Delegate to Committee of American Medical Association on National Legislation, Dr. Samuel T. Earle, Jr.

Delegates to the State Medical Societies—Pennsylvania, Drs. J. M. Spear and D. C. R. Miller; Delaware, Drs. George S. Dare, W. Frank Hines and Benjamin Whiteley; West Virginia, Drs. James G. Wiltshire, Richard W. Trapnell and L. M. Allen; Virginia, Drs. Thomas Opie, Hugh H. Young and I. Ridgway Trimble; North Carolina, Drs. St. Clair Spruill, Randolph Winslow and A. D. McConachie.

In accordance with Article IX, Section 2 of the Constitution, the President appointed the following as the first Councilors:

Councilors, Drs. Wm. Osler, Robert W. Johnson, Thomas S. Latimer, Randolph Winslow, Henry O. Reik, Charles M. Ellis, Charles W. Wainwright, J. McPherson Scott, Clotworthy Birnie, Thomas H. Brayshaw, D. C. R. Miller, the President, Secretary, Treasurer and Chairmen of the Board of Trustees and Library Committee as members *ex officio*.

Dr. Charles M. Ellis offered the following motion, which was adopted: That all Committees not provided for by the Constitution and By-laws be hereafter appointed by the President.

The house then adjourned.

W. S. GARDNER, M. D.,
Secretary pro tem.

PRESIDENT'S ADDRESS.

THE IMPORTANCE OF THE STUDY OF THE HISTORY OF MEDICINE.

By EUGENE F. CORDELL, M. D.,

Baltimore, Md.

Between ancient and modern historians two essential points of difference are readily observable. While the former make no use of critical research and confine themselves chiefly to contemporary events, to what they themselves have seen, perhaps participated in, or at least learned from eye-witnesses, with the latter research work is a conspicuous and essential feature, and there is no limit as to the period dealt with. Nothing does so much credit to modern culture, or has been so fruitful of results as the improvement seen in the methods of historical study. Until a comparatively quite recent period, it was true that under the name of history was accepted almost everything that had been handed down from earlier times, no matter how contradictory to sense and reason it might be. The

same absurdities—such, for instance, as the suckling of Romulus and Remus by a wolf—were repeated generation after generation, and every one accepted implicitly and literally the story of the Garden of Eden. From this undigested mass our historical iconoclasts have sifted out all such chaff, and subjected the remainder to the most searching and critical study, with the result that we may feel reasonably certain that what remains represents actual occurrences. By the careful study of original authorities, of manuscripts, inscriptions, tablets, excavations, etc., they have gotten as near as possible to contemporary sources, that is, to the events themselves. And while we must acknowledge our limitations and feel that all human knowledge is in the nature of the case fallible, even that which we acquire from eye-witnesses, and still more that which is handed down through many ages, the thought that we have exhausted all available sources of information and removed all obvious error, places the subject upon a much higher plane and gives us a sense of confidence and mental repose, which is a very gratifying exchange for that blind belief in everything which formerly prevailed among the unlearned, or that distrust and disbelief which characterized the mental condition of the few who were real scholars. History may, therefore, now be said to have assumed something of the attitude of an exact science and we are warranted in accepting it as the basis for philosophical deductions.

Now, since history is ever repeating itself, it is manifestly the part of wisdom to make it the object of our closest study, that we may profit by its lessons, both of success and failure; for what others have done or have failed to do should point the way to their successors, whether in search of individual, social or national guidance. And what is true of history in general must be equally true of it in particular; the principles of the one are no less applicable to the other, of the whole to the part. The same evolution is seen in both; there is the same devious, uncertain path of human progress—now a sudden leap forward, now a halt, now an attempt to surmount or to find a way around some opposing hill, now a purposeless wandering hither and thither over the plain, now actually a retrogression. "It is

unfortunately, but too certain," says the learned Adams,[1] "that there is a tendency in the human mind, at certain times, to retrograde, as well as in others to advance both in knowledge and virtue." May not a study of the chart of progress teach us, or at least give us hints, how to make these leaps, to avoid these arrests, to surmount these obstructions, to escape this purposeless wandering, or to shun the greater humiliation of actual loss of ground?

It is a remarkable fact that the great Father of Medicine, 2,400 years ago, almost at the very beginning, laid down the only true principles of progress—principles that, under the name "inductive method," were falsely claimed for Lord Bacon 2,000 years later—and that all real advance has been coincident with their observance. When the profession has gone astray or fallen back, it was in consequence of their neglect, and more than once our art has been revived by restoring them to their place as our guides. It seems to be an imperative condition of our life and progress that we should be ever impressing upon ourselves that there is no royal road to knowledge, medical or other, and that he who would attain to its hidden treasure must be satisfied to dig deep into the everlasting hills without other guide than the uncertain chart left by those who in still greater darkness have previously delved therein. Every one who has studied the history of medicine to any extent must realize the importance of this precaution.

Now, if I am justified in claiming that medical history is but a part of general history and, as such, entitled to the same consideration, it certainly must strike us as strange that the two should be held in such different estimation in our system of education. No subject is considered of more importance in the literary courses of our universities. As evidence of this, I find from the register of students, attending the present session of the Johns Hopkins University, which I presume may be considered as representative, that the number of those pursuing historical study is exceeded in only two other departments, *i. e.*, English and Chemistry, while it exceeds and mostly far exceeds those taking Mathematics, Physics, Geology, Zoology, Latin, Greek,

[1]The Genuine Works of Hippocrates, translated by Francis Adams. *London*, 1849; *Vol.* 2, *p.* 521

Romance Languages, Sanscrit, Political Economy and Philosophy. On the other hand it is rare to find the subject even mentioned in the curricula of the medical schools.

I have been at some pains to ascertain to what extent it is taught in this country, and, with this object in view, have written to the Deans of fourteen of our leading universities which have medical departments, for information. I append a table made up from the meagre replies received from the following: Harvard, Yale, Cornell, Buffalo, Columbia, New York, Pennsylvania, Johns Hopkins, Maryland, Virginia, Tulane, Chicago, Michigan and Minnesota. From this it appears that a full course of lectures, fourteen to sixteen in number, is attempted in but three, *viz.:* Universities of Pennsylvania, Maryland and Minnesota. There are four "lectureships;" one just established and still without an incumbent, and another held jointly with a "Clinical Professorship of Dermatology." One of the "courses" consists of three lectures. There is but one professorship and that an "Honorary" one. In two institutions "some" instruction is given by the Professor of Therapeutics and the Assistants in Surgery, respectively, in the latter case only in surgery. In one, and that one strange to say, Harvard, lectures were attempted, but "no great interest was shown" and they were discontinued. There is no uniformity in those receiving instruction; sometimes it is the Sophomores, sometimes the Juniors or Seniors, and sometimes any that *choose* to attend. In but one is the claim made that the course is compulsory. In none is there any examination. One can readily imagine what the attendance must be under such circumstances, and the experience of Harvard is instructive. However, according to the table, in three cases it is "good," "one-half the class" and "poor," respectively. The table gives the size of the medical libraries attached to the universities, and, finally, I would call your attention to that very useful auxiliary, the Medico-Historical Society. There are two of these, but as one is limited to a dozen graduates, is not attended by the students, and takes no part in their instruction, it does not concern us here. The other is the excellent Historical Club of the Johns Hopkins Hospital, founded in 1890, upon a very broad basis, and which has exercised a profound influence,

not only locally, but throughout the entire country. Many able papers have been read before it, and there are few who have any claims to distinction in this field in the United States, who have not been its guests.

Let me, in passing, point out the error of a statement by Prof. Roswell Park, of Buffalo, the author of a very interesting course of historical lectures delivered before the University of Buffalo and published in 1897, *viz.:* that his was "the first attempt in the medical schools of this country to give systematic instruction in the history of the science."[1] For, over three-quarters of a century ago, the far-seeing "Sage of Monticello" provided for the teaching of the history of medicine in his great university (Virginia), and the course of lectures there delivered by the late Prof. Robley Dunglison was published in 1872.[2] As appears from the table there is no course on the subject at that institution at the present time.

Now, I do not believe that any one, who possesses a broad and genuine culture, and whose opinion is therefore worth considering, will hesitate for a moment to acknowledge that the facts above given indicate a shocking neglect, an inexcusable apathy on the part of our medical schools. Where is our boasted intelligence and superiority, that we do not perceive the folly and danger of such a course; folly in that we are willing to deprive our young graduates of the accumulated wisdom and experience of all the ages; danger in that we turn them loose without the salutary checks and restraints that such studies afford? "No man," says Lord Macaulay,[3] "who is correctly informed as to the past, will be disposed to take a morose or desponding view of the present." The fact is, we of this age are too much carried away with the rage for novelty. Nothing is esteemed of consequence but that which contains something new. But in catching at the new, how often we risk losing that which is old, well-grounded and far better. Haste is stamped on everything, and this is particularly true of Americans. We scarcely attain to one point of vantage

[1]Dedication of his: An Epitome of the History of Medicine. Phil., 1897.

[2]History of Medicine from the Earliest Ages to the Commencement of the Nineteenth Century. By Robley Dunglison, M.D., LL.D. Arranged and edited by Richard J. Dunglison, M.D. Phil., 1872.

[3]History of England, Vol. 1, p. 2.

when, without rest, we rush to the next. We allow ourselves no enjoyment of anything, indeed, scarcely time for reflection. We seem to be drifting more and more into mere machines, mere worshippers of physical science. Yet hear the warning words of Prof. Du Bois-Reymond: "Where physical science reigns exclusively, the intellect becomes poor in ideas, the fancy in images, the soul in sensibility, and the result is a narrow, hard and dry disposition, forsaken of the muses and graces; and not only so, but physical science leads down by imperceptible gradations from the highest efforts of human intellect to mere mechanical work that looks at nothing beyond gain."[1] Without doubt, we need constant infusions of what the Germans call "the science of antiquity" as a corrective to this mechanical tendency. Here is an opportunity for some *laudator temporis acti.* We must not permit ourselves to be severed from the high ideals and the inspiration that come from a contemplation of the examples, the lives, the achievements of the great men of the past.

Especially do we need to take deep and frequent draughts from the writings of the great Father, to whose genius we owe an everlasting debt. What a sublime figure he offers to our view! In an age of theory, how free from theorizing! Though one of the priestly caste, how untainted by superstition! Familiar with the natural course of diseases, he was in a position to gauge the true value of remedies and acquired a wonderful prevision of results. Not content with general impressions, he closely observed and carefully recorded individual diseases at the bedside and relied only on such experience to direct him to the proper management of his cases. Conscious of the limitations of his knowledge, and of the tendency of the human mind to err, he wisely confined himself to the guidance of each case and to the relief of symptoms. Above all things he was cautious to do no harm. And scarcely less inspiring are the work and lives of his successors. What an anachronism and an oasis in the anatomical desert seems the story of those old Alexandrians, Herophilus and Erasistratus, with their human dissections and vivisections! With what fine judgment and choice language Celsus sums up the knowledge of his day,

[1]Quoted in: Essays and Studies. By Basil L. Gildersleeve. Baltimore, 1890.

and what a concise and admirable enumeration he gives of the qualifications demanded of the surgeon! How we linger over his descriptions of lithotomy (the "Celsian operation"), alopecia (*"area"* and *"kerion Celsi"*), and ligation of the arteries! What learning and literary fecundity are exhibited by Galen, "the first experimental physiologist," and what a high conception of professional morals he possessed! What graphic and inimitable pictures of disease Aretaeus, the Cappadocian, has drawn! What surprises await us in the work of the first gynecologist, Soranus of Ephesus! What a strange work that is of the great Byzantine surgeon and obstetrician, Paul of Aegina, in the seventh century, when his genius alone lit up the darkness of his age! What romance there is about the days of the Arabian cithern player of Bagdad, Abú Becr Mohammed Ibn Zacaríyá Ar-Rází, commonly known among us as Rhazes, who gave that famous description of small-pox! What a fine delineation of the surgeon is that given by old Guy de Chauliac, "the earliest herald of the modern surgery," in 1363, and with what surprise we learn that so high an ideal could be upheld in an age which we are accustomed to look upon as so barbarous! I cannot refrain from giving it to you: "Let the surgeon," he says, "be well educated, skilfull, ready and courteous. Let him be bold in those things that are safe, fearful in those things that are dangerous; avoiding all evil methods and practices. Let him be tender with the sick, honorable to men of his profession, wise in his predictions, chaste, sober, pitiful, merciful, not covetous or extortionate; but rather let him take his wages in moderation, according to his work, and the wealth of his patient, and the issue of the disease and his own worth."[1] How few realize that picture even in our own far more enlightened day! What an interesting story that is of the great barber surgeon, Ambrose Paré, of how in 1552 he was led to substitute the ligature for the cautery in amputation, and of the glorious fight he made against the pouring of that horrible boiling oil into the poor soldiers' wounds! And who does not shudder to recall Michael Servetus, the discoverer of the pulmonary circulation, burning at the stake, and

[1]Paget (S.) Life of Paré. 1897; p. 2.

strangely by the hands of a fellow protestant? And what a grand rôle is that of Vesalius who, while Francis and Charles were turning the world upside down with their wars, was quietly turning anatomy upside down with his scalpel! And how familiar to every student are the names of Eustachius, Fallopius, Arantius, Varolius, Sylvius, Fabricius ab Aquapendente and Caesalpinus! And how many of us are aware that the great astronomer Copernicus, and Rabelais, the greatest wit of that most witty nation, the French, were practicing physicians?

And not long after these there came the greatest of them all, Harvey, whose name is imperishably connected with the discovery of the circulation. It is not so well known, perhaps, that he established also the truth of the doctrine of the origin of all animals from the egg—*"Ovum esse primordium commune omnibus animalibus."*[1] I shall have something further to say of the first of these presently. Listen to some well-known names of the seventeenth century, Havers, Naboth, Pacchioni, Cowper, Bartholin, de Graaff, Malpighi, Meibomius, Wirsung, Aselli, Highmore, Steno, Glisson, Nuck, Spigelius, Brunner, Wharton, Peyer, Willis and Vieussens, all incorporated into our anatomical nomenclature. Then there were: Borelli, who explained all physiology on mechanical principles; Sanctorius, who weighed himself in a balance for thirty years and thus determined the amount of the insensible perspiration; Mauriceau, the first great obstetrician; Morel, the discoverer of the tourniquet; Baglivi, the author of the celebrated saying, "he who diagnosticates well, cures well;" Sydenham, the "English Hippocrates," who refused to be bound by the theories of his day; Locke, the philosopher; and the sublime writer, Sir Thomas Browne.

Boerhaave is preeminent in the next century, the creator of no school, but selecting from all sources those things that appealed most to his reason and intelligence; a man of tireless industry, who held his priority as much, perhaps, though his high character as his exalted talents. We must single out also the name of Jenner, at the close of the century, as that of one of the world's greatest benefactors. And

[1]Exercitationes de Generatione Animalium.

are not the following names in our mouths every day: Basedow, Valsalva, Santorini, Winslow, Soemmering, Levret, Gimbernat, Scarpa, Galvani, Goulard, Meckel, Monro, Pott, Anel, Tenon, Petit, Dover, Heberden, Lieberkühn, Portal, Reil, Gasser, Descemet, Belloc and Chopart? Prominent also were: Stephen Hales, the experimental investigator; Haller, the author of the doctrine of irritability; John Hunter, the founder of modern scientific surgery; Morgagni, the founder of pathological anatomy; Auenbrugger, the inventor of percussion; Bichat, the founder of general anatomy; James Currie, of cold water fame; Sprengel and Freind, historians; Oliver Goldsmith, poet; and the American, Rush.

And what a great period that was for progress and research which has just closed—the nineteenth century—which we would fain believe to be the greatest of them all! No longer now do the anatomists predominate, but there is development in many directions. The specialties all come to the front. Clinical teaching and work are conspicuous. More exact methods and instrumental aids of all sorts are introduced. All the sciences are called on to contribute. Auscultation and percussion, improved microscopes, the ophthalmoscope, laryngoscope, endoscope, and specula of various sorts, the thermometer, electricity, the x-ray apparatus, etc., open new fields to our vision, and multiply our diagnostic resources. With the discovery of anesthesia surgery takes a great bound forward, acquiring a further acceleration of speed upon the discovery of antisepsis. Pathology and histology are cultivated with increasing success and the new science of bacteriology is created. What an array of names one can call up: Corvisart, Laennec, Louis, Bright, Addison, Hodgkin, Bennet, Wunderlich, Skoda, Trousseau, McDowell, Mott, Astley Cooper, Esmarch, Wells, Paget, Langenbeck, Billroth, Strohmeyer, Lister, Simpson, Récamier, Sims, Semmelweis, Hebra, Magendie, Broca, Bernard, Charles Bell, Marshall Hall, Charcot, Helmholtz, Beer, Donders, Graefe, Pinel, Griesinger, Erb, Weir Mitchell, Czermak, Türck, Bayle, Virchow, Cohnheim, Klebs, Rokitansky, Koch, Laveran, Walter Reed, Pasteur!

In this rapid survey my only object has been to show you at a glance, as it were, how rich our past has been in exam-

ple and inspiration. I have thrown but a few pictures upon the historical canvas; I might have increased the number to a thousand, but these are sufficient for my purpose. Now, I would ask, are our young students to be deprived of all the benefits of a knowledge of these, our medical heroes?—these men who, as Plato said, have "handed on the torch of life from generation to generation?" Is there nothing in such lives for them—nothing that will help them onward and upward in their professional career? Is education to be for them merely a mastering of the dry details of anatomy, physiology, practice? Is there to be no attempt to direct motives, to strengthen conscience, to build up character? I tell you again there is danger in such a course.

There are two other thoughts suggested by this survey. One is that there has been no degeneration in these latter days. Where do we find higher patterns of all that is noble and inspiring than in Pasteur, Virchow, Lister? Nay, we do not have to go beyond the limits of our own city to find those who are the peers of any whom I have named, great leaders in medical progress, beacon lights among us for all time to come.

Another thought is the solidarity of our art. Although differing in importance, each age has contributed something of permanent value to it, each stage of progress is indissolubly bound to all the other stages. "What we know and what we think," says Foster,[1] "is not a new fountain gushing fresh from the barren rock of the unknown, at the stroke of the rod of our own intellect; it is a stream which flows by us and through us, fed by the far-off rivulets of long ago." In the house that we are building, each stone, each brick, each arch, has its place, contributing to the strength and symmetry of the structure. Nor because we are living on the sixth floor can we be indifferent to what is going on in the first and second. We stand, as it were, upon the shoulders of our predecessors and it would be very little to our credit if we did not see further than they, but to imagine, as some appear to do, that they were blind and saw nothing, indicates a very shallow knowledge and a judgment warped by the greater relative size of near objects. It

[1]Lectures on the History of Physiology. *Cambridge,* 1901.

would be interesting to know whether posterity will assign to us the precedence that we think is our due.

But not only do we profit by the high ideals and the inspiration of great lives, which we derive from the past, but it is of the greatest practical benefit to trace the history of great researches. Let us review for a few moments that which led to the discovery of the circulation of the blood.

Before the days of Harvey—in the previous century—the lesser or pulmonary circulation had been clearly enunciated by Servetus and Realdus Columbus, and both lesser and greater circulations had been described by Caesalpinus. But these views seem to have been purely theoretical; there is no evidence that they were based upon direct observation or experiment, and they made no impression on contemporary sentiment. The old Galenic doctrine was still held by Harvey's teacher, the great anatomist of Padua, Fabricius ab Aquapendente, at the beginning of the seventeenth century. The blood was still supposed to pass in part by invisible pores through the septum of the ventricles, and this was the only connection acknowledged between the venous and the arterial blood. There were, in fact, two distinct and independent circulations, the venous blood with its natural spirits derived from the liver, passing out from the right ventricle along the veins to the tissues, and the thin arterial blood containing the innate heat of the heart and the vital spirits derived from the lungs in like manner proceeding from the left ventricle, both by a to and fro movement. The idea held of the action of the heart was just the reverse of the truth. The active period (the systole), corresponding with the impulse, was supposed to be that of dilatation, when the air and blood were assumed to be drawn into the left and right ventricles respectively by the suction force thereby exerted. Harvey did away entirely with the "spirits," because he could find no evidence of their existence in his researches. He denied the pores in the septum of the heart for the same reason, and taught that all the blood passes through the lungs. He ascertained the action of the auricles and ventricles with their respective valves. He realized that the active period of the heart was

that of contraction upon its contents and that the blood was thereby driven into the arteries, producing the pulse. He calculated carefully the amount of this blood passing out from the heart at each systole, and thus found in a few minutes as much must pass as is contained in the whole body, that is, that all the blood passes through the heart. It was also obvious that the amount was far greater than that which is absorbed by the veins from the food and drink, previously considered its sole source, and that the far greater part must be blood which has passed from the arteries to the veins in the tissues, in some such hidden manner as it does in the lungs. Harvey never saw the capillaries, either in the lungs or elsewhere; he had only a logical evidence of their existence. Their discovery was reserved for Malpighi and the microscope.

Fact after fact arose to confirm Harvey's views: that the heart was emptied when the vena cava was tied, and filled to distention when the aorta was tied; that a moderate ligation of a limb made it swell with venous blood, but a tight one kept the blood from entering by compressing the arteries; that the whole of the blood in the body could be drained away by opening a vein; that the valves of the veins (discovered by his master, Fabricius, but misinterpreted by him) were designed to prevent reflux of blood in its passage onward to the heart. Harvey's solution of the circulation was a purely mechanical one, based on patient anatomical examination and comparison of various animals, on the adoption of some explanation for what he saw and the confirmation of this explanation by repeated dissection, vivisection and experiment—in other words, on true Hippocratic principles.[1] Who will say that it is a matter of indifference whether such a work be brought to the attention of our students or not?

Again, medical literature is a mine of neglected and overlooked discoveries. Take, for example, club-foot, both the true nature and successful treatment of which were known to Hippocrates, but lost for many ages after his death. Says Adams,[2] "In all the works on ancient surgery, I ver-

[1]See Foster. *Loc. cit.*

[2]*Loc. cit.* Vol. 2, p. 559.

ily believe there is not a more wonderful chapter than that which relates to club-foot. In it he has not only stated correctly the true nature of this malformation, but he has also given very sensible directions for rectifying the deformity in early life. Now, it appears to me a lamentable reflection, as proving that valuable knowledge after being discovered may be lost again to the world for many ages, that not only did subsequent authorities, down to a very recent period, not add anything to the stock of valuable information which he had given on the subject, but the important knowledge which he had revealed to the profession came to be disregarded and lost sight of, so that, until within these last few years," (he refers to the introduction of tenotomy by Strohmeyer and Delpech) "talipes was regarded as one of the *opprobria medicinae*. Hippocrates was also acquainted with dislocation of the acromial end of the clavicle, the knowledge of which was entirely lost until the eighteenth century."[1] According to Celsus, lithotripsy, which held so prominent a place in the surgery of the latter part of the last century, was invented and practiced by Ammonius of Alexandria, about B. C. 230.[2] Heliodorus, about A. D. 100, was well acquainted with torsion of arteries, a particular mode of operating for the radical cure of hernia by excision of the sac, and excision of stricture of the urethra—all of which have been proclaimed as marvelous discoveries in later days.[3] You all remember the statement of the late Dr. T. Gaillard Thomas, which formed the theme of my predecessor's Presidential Address last year, that more had been done for the advancement and growth of medicine in the last half of the last century than in all the preceding ages from the days of Hippocrates. Yet hear the acknowledgment of the author of that statement in his well-known work on the *Diseases of Women*:[4] "Some of the most valuable contributions to modern gynecology will be found to be foreshadowed, or even plainly noticed, by the writers of

[1]Baas (J. H.). Outlines of the History of Medicine. Translated by H. E. Handerson. *New York*, 1889.
[2]Celsus. *De Medicina*. VII, 26.
[3]Billings (J. S.). In System of Surgery. Edited by F. S. Dennis. *Phil.*, 1895. Vol. 1, p. 30.
[4]Thomas (T. G.). A Practical Treatise on the Diseases of Women. 6. Ed. *Phil.*, 1891, p. 17.

a past age, and afterward entirely overlooked;" and he cites as examples the use of the uterine sound, sponge-tents, dilatation of the constricted cervix and even the speculum itself. The history of the last named instrument, upon which modern gynecology is based, is exceedingly instructive. Employed habitually by Paul of Aegina in the latter half of the seventh century, A. D., and furnishing him with an excellent knowledge of diseases of the uterus, it was forgotten by his successors until rediscovered by Récamier, and introduced to the profession in 1818.

But it is probable that we may learn equally as much from the follies, omissions and failures of the past as from its successes and achievements. Experience will always be fallacious and judgment difficult, and it is not likely that error can ever be avoided. It is well for us to realize that the future may pluck many a feather even from our ambitious wings, who plume ourselves on our attainments. It is not impossible that some Praxagoras of Cos may hereafter open the abdomen for the relief of obstruction of the bowels 2,200 years before men shall think the example worth following; that some Celsus may confound veins and arteries, although this same Praxagoras shall have known of their differences 400 years earlier; that some Aretaeus shall have heard a "bruit" in heart disease, but the hint lie dormant for many centuries; that this same close observer shall describe the crossing of the nerves and its effects 1,400 years before a Willis appears to beat it into men's brains; that men shall believe that arteries contain only air, although experience be continually teaching that they contain blood; that they shall believe that there are pores in the septa of the heart, although the utmost effort of vision fail to detect them; that some Massaria shall rather be wrong with Galen than right with any one else; that men shall have practiced ligation of arteries for hemorrhage for centuries before a Paré teach them to apply it in amputation; that surgery shall be turned over to the barbers; that mesmerism and hypnotism shall have another periodic discovery under some new name; that some Sylvius shall teach that the whole art of medicine consists in the administration of acids and alkalies, some Cullen, that

all pathology is referable to spasm, some Broussais that we must seek it only in inflammation; that some Auenbrugger's epoch-making discovery of percussion shall have to wait for the coming of a Corvisart; that some Brown shall slay his thousands with whiskey and opium, some Rasori, his ten thousands with the lancet and tartar emetic; that those will be found to combat blindly the unanswerable logic of the germ theory, and even to persist in their opposition, when the germs themselves shall be placed before their eyes; that they shall fight against the obstetrical forceps, cinchona and antiseptics. We may smile at the suggestion of such possibilities, the list of which could be very much lengthened, yet some of them have actually occurred not so very long ago, and what has been, or its like, will, with the certainty of fate, be again. He only is wise who realizes this fact, listens to the wholesome confessions of the past and is ever on his guard.

Let us now sum up some of the advantages of the study of medical history that have been pointed out in this address:—

1. It teaches what and how to investigate.

2. It is the best antidote we know against egotism, error and despondency.

3. It increases knowledge, gratifies natural and laudable curiosity, broadens the view and strengthens the judgment.

4. It is a rich mine from which may be brought to light many neglected or overlooked discoveries of value.

5. It furnishes the stimulus of high ideals which we poor, weak, mortals need to have ever before us; it teaches our students to venerate what is good, to cheerish our best traditions, and strengthens the common bond of the profession.

6. It is the fulfillment of a duty—that of cherishing the memories, the virtues, the achievements of a class which has benefited the world as no other has, and of which we may feel proud that we are members.

Having now shown the value—nay, I should rather say the necessity of the study of medical history, I shall conclude with a few words regarding its teaching. So import-

ant a branch should receive the highest consideration. It should be taught in no desultory fashion, but as thoroughly as any other. There should be a chair of it—a full chair in every university. A systematic course of reading should be required in addition to the lectures, which should be not less than sixteen to twenty in number. It should be made a subject of examination, for all experience proves that in no other way can the attendance of the students be enforced. The time is near at hand when the standing of universities will be judged by their attitude to this branch and when it will be assigned a front rank in the curriculum.

Name.	Are lectures delivered?	By whom?	To whom?	Character of the Course.	Is it compulsory?	When begun?	Is there a medico-historical society?	Is there a Medical Library?	Remarks.
Harvard	No.						No	No	Course attempted, no interest shown, aband'd.
Yale	Yes	Prof. of Therapeutics.	Junior Class	5 or 6 lectures	No		No	10,000†	
Cornell	No						No	Yes	
New York	No						No	No	
Columbia	No						No		
Pennsylvania	Yes	Lecturer on Hist. of Med.	4th yr. Class	16; 1 weekly for half session	Yes	1892	Yes*	14,100	Well attended, no exam.
Virginia	No						No	1,500–1,800	
Chicago	Yes	Lecturer on Hist. of Med.	Jun. & Sen.		No		No	10,796	Just founded, course not yet begun.
Michigan	No						No	10,000-12,000	
Tulane	No						No	Over 3500	
Johns Hopkins	Yes	Lecturer on Hist. of Med.	Students generally	3 lectures	No	1893	Yes	8,000	Historical Society, attended by students.
Maryland	Yes	Prof. of Hist. of Med.	Students generally	14 lectures	No	1903	No	4,500	Small attendance.
Buffalo	Yes	Assistants in Surgery	Soph. Class	More or less on Hist. of Surg.	No		No	8,000– 9,000	
Minnesota	Yes	Lecturer on Hist. of Med.	Senior Class	16 lectures	No	1897	No	3,500	Attended by one-half the class.

†Part of the University Library. *Small, and limited to graduates.

ANNUAL ADDRESS.

THE MORE REMOTE CONSEQUENCES OF INFECTIOUS BILE.

By John B. Deaver, M. D.,
of Philadelphia,
Surgeon-in-Chief, German Hospital, Philadelphia, Pa.

In discussing the surgery of the biliary tract I am mindful of the great amount of literature which has been written upon the subject during recent years, and must acknowledge that this paper will offer nothing new in the way of diagnosis or treatment. The views of every individual surgeon, diverse as they must be from others, in some points, are often of value in pointing out better ways of approaching a correct diagnosis or of performing a successful operation. This is particularly true of gallstone surgery, because infection of the biliary tract leads to so many varied lesions, with either easily recognized or obscure symptoms.

The patient may never have had jaundice, may have but little pain and at no time suffer from the agonizing and classic picture of acute duct obstruction, and yet may have a mass of adhesions in the gallbladder region, a stone in either of the ducts and even a fistulous communication with some adjacent portion of the gastrointestinal canal. The gallbladder is often found packed with calculi or distended with pus (empyema) and the evidence so slight as to require all the judgment and experience of a skilled observer to detect the lesion.

Chronic gallstone disease is often extremely difficult to diagnose, the dragging effect of adhesions upon the gastro-intestinal tract, hindering the peristalic movements of the same, obstructing the free action of the pylorus with consequent duodenal catarrh or dilation or ptosis of the stomach, may cause symptoms entirely referable to the gastro-intestinal canal.

A small, shrunken, distorted gallbladder, impossible to palpate, may be filled with stones and pus, with no jaundice, no colic, and yet cause a decline in health and strength without apparent cause.

When we review the previous life of an individual supposedly suffering from some infection of the biliary tract, no cause stands out so prominently as a previous attack of enteric fever. The typhoid bacillus is a most fertile factor in the production of acute or chronic biliary tract disease or in the causation of gallstones.

The literature affords full confirmation of this statement. The names of Welch and Blackstein,[1] Cushing,[2] and Flexner are well known in this connection.

The following case is interesting:

CASE I.—Mrs. W., aged 36, suffered from an attack of typhoid fever when 16; several years after this attack she began to suffer from indigestion with eructations of gas, and a feeling of distress in the epigastrium. This condition was followed by attacks of colicky pain in the epigastrium, radiating to the right shoulder and through to the back. The attacks of colic were followed by vomiting, which would give relief. There was never any jaundice.

In June, 1903, the attacks of colic became very severe, always with vomiting, accompanied by marked jaundice. Four months ago the patient noticed a swelling over the region of the gallbladder with extreme tenderness at this point upon palpation.

One week before admission to the German Hospital, patient had suffered an attack of pain, which was only relieved by a hypodermic of morphin. The following day

jaundice occurred. Urine was intensely colored; there was tenderness in the epigastrium and over the region of the gallbladder, with pain radiating to the right shoulder; nausea, anorexia, and loss of weight.

When admitted on January 21, jaundice had disappeared, there was no anemia, and no mass could be felt in the gallbladder region, though there was considerable tenderness on palpation. The area of liver dulness was somewhat lower than normal. Blood count showed slight anemia; leukocytes, 4,500.

At operation the gallbladder was found contracted and distended with calculi about 7 mm. to 10 mm. in diameter. The common duct contained three large gallstones about 12 mm. in diameter; the hepatic duct was clear. The opening in the common duct was drained by a tube passing up to the liver and the gallbladder was drained. The patient made an uneventful recovery.

In this case it is reasonable to suppose that the typhoid bacillus infected the gallbladder, and was followed by a catarrhal condition of the gallbladder and ducts, the formation of stones, and finally their expulsion into the common duct.

While to the omnipresent colon bacillus the first place must be credited in the rôle of gallstone producer, the influence of its relative, the typhoid organism, must always be kept in mind. The entrance of bacteria into the biliary tract is possible by three ways: Either they ascend the bile ducts from the duodenum, are deposited by the general circulation, or reach the ducts and gallbladder by means of the portal vein.

The first is, of course, the more probable, and presumably should follow some disturbance in the biliary outflow or a preliminary infection or catarrh of the walls of the duodenum.

I have been unable to determine accurately this previous attack in many of my cases, because all patients have been subject at some time during their previous life to more or less numerous attacks of abdominal colic, usually ascribed

to an error in diet, and forgotten or made little of. Many patients, however, will give the history of one or more attacks of catarrhal jaundice, bilious fever, etc., which have subsided rapidly under treatment, and for many years a period of perfect health has been enjoyed. During these years the slow precipitation of cholesterin and bilirubinate of calcium upon a clump of bacteria, a ball of mucus, or a shred of epithelium may accumulate into a gallstone. Such calculi frequently remain quiescent, and are only ascertained at a chance postmortem when death has occurred from some other disease. Kehr states that not more than one in twenty of those having gallstones suffer any inconvenience from their presence. But tissue which has once been the subject of inflammation, however mild, and in which there is the additional trauma of the presence of gallstones, will furnish a fertile soil for the culture of bacteria. In other cases, the calculi, small and numerous, suddenly give rise to intense symptoms and become propelled through the cystic and common ducts by some force arising from an inflammatory reaction in the walls of the biliary tract from an infection. The distention of the gallbladder by the outpouring of mucus and serum, the dragging upon delicate nerve endings by the stretching of the swollen muscular walls are sufficient to produce the attack of biliary colic with pain referred to the right shoulder, so familiar to us all.

The passage of the stone along the common duct is of great moment to the patient, not alone from the intense and agonizing colic which it engenders, but also from the possible occurrence of complications. Ulceration, perforation, or stricture of the ducts may become immediate sequels, and biliary cirrhosis or pancreatitis the more remote result.

In other cases there is no passage of stones into the cystic duct, and in the mild infections the inflammatory symptoms may subside into a period of latency, the bile once more flow in and out of the gallbladder, and the stones resting quietly, give no symptoms. Frequently during attacks of cholecystitis the inflammatory process extends through the coats of the gallbladder and gives rise to adhesions to the

liver, colon, stomach, duodenum, or omentum, which cause vague pains and gastrointestinal disturbances after the attack has passed.

Recurring attacks of inflammation in the gallbladder will gradually thicken its walls and lead to shrinkage of the organ, with perhaps strictures or contortions. The mucosa shows signs of chronic degeneration, with round-celled infiltration giving place to connective-tissue proliferation and hypertrophy of the muscular coat.

I have scarcely considered the complications of infection of the biliary tract, but have referred to three, of great importance and upon which I wish to dwell more particularly: Pancreatitis, biliary cirrhosis, and adhesions of the gallbladder to various of the surrounding viscera.

The relation of gallbladder disease to inflammation of the pancreas has been so well studied here in Baltimore by Opie that what few remarks I wish to make may doubtless have a familiar sound to all of you. Opie[3] collected forty-one cases of acute pancreatitis associated with cholelithiasis. From one well-studied case which came to autopsy, and from numerous experiments upon animals, he was able to demonstrate definitely "the possibility of reproducing in animals by means of bile, the hemorrhagic lesion which occurs in human patients, and the evidence that the bile diverted into the pancreatic duct by a biliary calculus is capable of producing the lesion of acute hemorrhagic pancreatitis."

Opie has also collected from the recent literature thirteen cases of acute pancreatitis in which gallstones were present in ten. To these I might add my own reported cases, four in number,[4] one of which was associated with biliary calculi.

This makes seventeen cases, in eleven (65 per cent.) the pancreatic disease being accompanied by calculi in the biliary tract. A considerable number of cases do occur, however, in which gallstones are absent, and should be carefully studied in the endeavor to throw some light upon this interesting disease. Pawlow and his pupils have called attention to the fact that most of the trypsin (the proteid digestant)

exists as trypsinogen until it comes in contact with the intestinal secretion, when the full proteolytic power is exerted.

Starling,[8] therefore, suggests that "it seems possible that the accidental entry of the *succus entericus* into the gland through an abnormally dilated duct might account for the production of certain cases of pancreatitis."

In addition, the influence of other agents as causative factors in obstructing the pancreatic ducts must be considered, and particularly the influence of microorganisms. Bacteria may not only infect the retained secretion, but may also by direct continuity ascend from an existing gastrointestinal catarrh.

That gallstones do not always induce acute pancreatitis is also explained from the anatomic standpoint, when we consider that in two-thirds of subjects an accessory pancreatic duct exists, and that in about 10 per cent. the common bile duct and the duct of Wirsung open by separate orifices into the duodenum. In addition, the gallstones may remain in the gallbladder, become impacted in the common duct at a point where no pressure is exerted upon the pancreas, or escape into the bowel without becoming checked in the ampulla.

Chronic pancreatitis is also frequently due to some obstruction of the duct of the pancreas by gallstones. This is particularly apparent when the biliary calculus is large and so situated that the duct of Wirsung is occluded without the entrance of the bile into the pancreas. When obstruction occurs the secretion is gradually dammed back upon the gland, infection is favored and the pancreas becomes damaged. The gland, especially at the head, enlarges, and to the palpating hand is hard, frequently nodular. The surface is granular and compact with the replacement of the loose interlobular tissue of the normal gland by that of a dense and scar-like hardness. In more advanced cases, areas of fat are observed to have encroached upon the parenchyma, and finally nothing may remain of the pancreas but a mass of fat held together by strands of fibrous tissue.

The diagnosis of pancreatitis is often exceedingly difficult, and the chronic form is very frequently confused with carcinoma involving the head of the organ. In one of my cases with intense jaundice, the condition was believed to be carcinoma, even at the operating table, though at necropsy a marked condition of interlobular pancreatitis was found; no malignancy. Mikulicz had an exactly similar experience. The complexity of the symptomatology in chronic pancreatitis depends upon the associated lesions in the stomach, intestine and liver, where such conditions as gastrointestinal and biliary tract inflammation, arteriosclerosis, alcohol, etc., have been the causal factors in the production of the chronic pancreatitis.

In general, it may be stated that when an individual, from whom the history of a previous gallstone colic may or may not be elicited, is suddenly seized with severe epigastric pain, nausea, vomiting, rapid pulse, dyspnea and cyanosis, followed by a rapid loss of strength, the diagnosis is acute pancreatitis. The early symptoms strongly resemble those of intestinal obstruction, and the exhaustion and collapse are frequently so severe as to induce death within forty-eight hours. The pain is colicky in character and there are either intervals of relief or else continued pain with exacerbations of severe colicky attacks. This is explainable from the obstruction of the ampulla, as inflammation without obstruction does not tend to excite pain of a colicky character. Bilateral and nearly board-like rigidity of the overlying abdominal walls is present from the onset.

Tympany develops in the epigastrium from paresis of the stomach and intestines, but not to the extent of obscuring liver dullness, unless suppuration and peritonitis occur. Tenderness to pressure is an early symptom. If the patient survives, jaundice may develop, if not already present from the previous gallstone disease; pain in the epigastrium continues and fever is observed.

If secondary infection occurs the epigastrium is distended and tympanitic, and palpation may detect distinct tenderness over the pancreas or a sense of resistance. The actual

abscess can rarely be felt in the early stages, though it may appear as a tumor mass above the umbilicus.

Chronic pancreatitis, due to gallstones, is often difficult to recognize. This can be easily understood from the etiology of the disease. Long before the disease of the pancreas can give rise to symptoms, the gastrointestinal disorders, the gallstones, arteriosclerosis, etc., will have shown some manifestations of their presence, and the later symptoms, in nearly the same locality, will be supposed to be a continuation of the primary lesion. Furthermore, it is probable that disturbances in the functions of the stomach, intestines, and liver must take place when the causes mentioned induce a lesion of the pancreas, so that the symptomatology observed is very complex. There may be a history of colicky pain in the gallbladder region, associated with jaundice, and often with fever intermittent in type, or pain referred to the left costovertebral angle, where there may also be tenderness. The epigastrium is tender, often distended, and during the attack the recti muscles become rigid, and a point of tenderness may be detected over the head of the pancreas, one inch above and one inch to the right of the umbilicus. In a few cases the stools may appear greasy and lighter in color, and may contain muscle fibers.

Glycosuria, especially in an alcoholic subject, with a cirrhotic liver is a valuable sign of the interacinar form of pancreatitis.

As the disease advances, gastrointestinal disorders become constant, with emaciation, loss of strength, jaundice, and recurring attacks of epigastric pain, often extending around the left side or through to the back as just referred to.

In thin subjects a tumor may be made out, and if malignant disease can be excluded, the diagnosis becomes clear; but such a differentiation is extremely difficult, the indurated pancreas frequently producing a permanent jaundice, with enlarged gallbladder. In advanced stages with destruction of the parenchyma of the gland and involvment of the islands of Langerhans, glycosuria is more common,

and the patient finally dies of exhaustion, or perhaps some terminal infection.

In cases associated with syphilis, arteriosclerosis or tuberulosis, the onset is much slower, more general, and more indefinite. Sensations of pressure in the epigastrium, gastrointestinal disorders, epigastric tenderness may be complained of and emaciation observed.

Some patients undoubtedly recover after having lost much weight, and with a history of gallstone colic, jaundice, and anemia. The duct of the pancreas having become patulous, the secretion is no longer retained, and sufficient healthy parenchyma remains to perform the pancreatic functions.

In all cases careful attention must be paid to the minute points in the previous history of the patient. The stools should always be searched for fat and muscle fibers, the urine for sugar, phenol (salol test), and the fat-splitting ferment. If gastric complications are suspected, the test-meal is invaluable and the blood count will show the qualitative changes in the red and white cells. The clinician, by careful palpation and percussion, can ascertain the point of greatest tenderness and resistance with the possible finding of a tumor mass. A röntgen ray examination may show a mass in the region of the head of the pancreas not moving with respiration. Such a finding is valuable, as the shadow cast by the pancreas is not readily movable with the motion of the diaphragm. It is only by grouping both the clinical and the laboratory findings that the disease of the pancreas may be accurately and satisfactorily studied.

Biliary cirrhosis in cases of obstructive cholelithiasis results from the irritant effects of retained accumulating bile, which, from the backward pressure, passes out of the bile ducts, and causes atrophy of the lobules. As long ago as 1873 Legg[8] tied the common bile duct in animals and produced jaundice, a well-marked emaciation, and finally death. At autopsy he found enlargement of the liver and an increase of the interlobular connective tissue.

Charcot and Gombault, in 1876, published their monograph on diseases of the pancreas, and reported four cases of cirrhosis of the liver following obstruction of the bile ducts, the obstruction having been caused by calculi in the gallbladder, calculi in the ampulla, carcinoma of the pancreas, and a cholangitis of the larger bile ducts.

The literature contains many references to cases of obstructive biliary cirrhosis, most of which have been the result of a congenital deficiency of the bile ducts, but many instances are directly traceable to gallstones. The calculi may cause the obstruction by pressure upon the hepatic, by a stone in the cystic duct, by direct occlusion of the common duct by a stone, by the contracting influence of a stricture following ulceration of the common duct, or by an enlarged head of the pancreas.

The resulting liver cirrhosis has been compared to that in the pancreas as the result of long continued obstruction to its ducts, and to the chronic intestitial nephritis, which accompanies obstruction to the outflow of urine by a calculus.

The occurrence of a biliary cirrhosis from obstruction and retained bile, *per se,* has been denied by many writers, who believe that there must always occur an inflammation of the bile ducts, a cholangitis, subsequent to the stasis.

While many experiments upon animals have demonstrated the possibility of a cirrhosis of the liver solely dependent upon the damming back of the bile and not to any inflammation of the walls of the smaller bile channels, the latter is probably invariably present in man.

This leads us to consider the influence of infection upon the inflammatory origin of the cirrhosis, and which from the purely clinical standpoint seems to be one of great importance. In the great majority of common duct obstruction cases for which I have operated, a bacteriological investigation of the bile has revealed the presence of some microorganisms, the colon bacillus, the typhoid bacillus, the staphylococcus, or the streptococcus. It has, therefore, been apparent, in my experience, that with the knowledge that

complete bile stasis rarely occurs in common duct obstruction, infection must exert a positive influence in the production of the cirrhosis. I can therefore agree with Ford[7] in his conclusions "that the damming back of bile caused by the obliteration of the ducts does not always lead to the cirrhosis, *per se,* but may lead to it as well by causing a certain amount of inflammation of the bile channels," by adding, because of the infectious nature of the retained bile.

In urging the possibility of biliary cirrhosis resulting from neglected gallstone cases I am not unmindful of the criticism that jaundice is conspicuous by its absence in the majority of gallstone cases and that most of the instances reported of biliary cirrhosis have followed a long continued obstruction of the ducts with persistent jaundice. But as Weber[8] aptly expresses it, "to say that because bile passes into the duodenum, chronic obstruction in the common bile duct cannot be a cause of the hepatic cirrhosis, is like saying that because a man with urethral stricture or enlarged prostate has been able to pass urine, obstruction in the urethra cannot have been the cause of his dilated ureters and chronic interstitial nephritis."

Following the obstruction, the biliary ducts become greatly distended with bile, and the entire liver generally enlarged and tense. It is greenish in color, with more rounded edges, and presenting a peculiar streaked appearance. In a patient I have recently operated upon, the anterior border of the liver was obliterated to such a degree as to equal the posterior border. "The surface of the organ may present a granular or slightly puckered appearance from the contraction of the connective tissue, but little or none of the coarse hobnail irregularity often seen in ordinary cirrhosis." (Weber[9]). Microscopically such a liver reveals dilated bile channels and bloodvessels and some pathologists have observed a reduplication of the bile ducts supposed to have arisen from chronically inflamed liver cells, which have degenerated and become connected with the former bile passages. Others claim that they are simply elongations and enlargements of the previously existing channels. About these channels is an increase of fibrous tissue and the cells of the lobules are frequently atrophic.

The spleen is usually enlarged, probably from hyperplasia of the splenic pulp due to infection by the blood or a condition of autointoxication caused by the diseased liver.

The symptoms of biliary cirrhosis vary greatly. There may be a failing in the general health, emaciation and loss of weight with anorexia, often vomiting. Jaundice is always present, though sometimes slight in degree.

In the more severe cases the obstruction to the duct is followed by the rapid onset of autointoxication or cholemia, emaciation is rapid, jaundice is deep and accompanied by a bile-stained urine and clay-colored stools. The liver is enlarged and hard on palpation. There is itching with petechias, headache, vomiting and then delirium and death. If the case is protracted, ascites, and edema of the lower extremities may be observed.

Adhesion of the gallbladder or ducts to surrounding viscera will follow nearly all severe inflammations of the gallbladder from a pericholecystitis and embarrass the functions of the contiguous organs involved by the adhesions. In the suppurative form of cholecystitis such adhesions are apt to become more extensive from the extension of the infection to the surrounding viscera and peritoneum. The anatomic relations of the gallbladder to the hepatic flexure of the colon, to the duodenum, to the pylorus, pancreas and great omentum are so intimate that these structures are rendered very liable to involvement in this adhesive peritonitis.

Intestinal obstruction has frequently been diagnosed in a case of suppurative cholecystitis with a local peritonitis involving and paralyzing the large bowel. After the subsidence of the acute symptoms severe pain may persist from the perisaltic action of an adherent duodenum or great omentum, or dilation of the stomach may ensue from the obstruction, by constricting bands, involving the pylorus or duodenum.

The influnce of adhesions is well illustrated in the following case recently observed, especially when we recall the oft-quoted statement that jaundice preceded by colic is nearly always due to stone.

CASE II.—Mrs. C., aged 36, a laundress. Gave family history of father having died from cirrhosis of the liver, her mother of carcinoma of the breast.

The patient's right breast was removed two years ago for carcinoma and shortly afterward a complete vaginal hysterectomy performed, but she is totally ignorant of the cause for the latter operation. She has had six children, four of whom are living.

Her menstrual flow ceased after the hysterectomy, but at her periods she suffered intense pelvic cramp-like pain up to a year ago when the pain changed in location to the upper abdomen and was referred to the right shoulder and back. Recently the pain became more intense, was always accompanied by a chill, fever and vomiting followed by slight jaundice, lasting for three days. The bowels are usually constipated and the stools always dark.

A physical examination revealed slight jaundice of the skin and mucous membranes, slight rigidity of the abdominal walls and a localized area of tenderness over the gallbladder region. There was no anemia, the leukocytes numbered 7,000 and the stools were negative in an examination for free fat. Her temperature varied from ninety-eight to ninety-nine degrees. The pulse from seventy-five to ninety-five.

At operation, February 23, 1904, numerous adhesions were encountered between the gallbladder and neighboring viscera (stomach and duodenum) and the omentum. The gallbladder was not enlarged, contained no stones, and was filled with thick, dark bile, which upon subsequent culture, upon bouillon only, proved to be sterile. The ducts were clear, but the liver was somewhat enlarged and presented that peculiar streaked greenish appearance which I have learned to regard as an indication of biliary cirrhosis. Cholecystostomy was followed by an uninterrupted recovery.

The absence of a known primary attack of cholecystitis, the pain, fever and vomiting followed by jaundice and the operative findings of adhesions only, were extremely interesting. The diagnosis was regarded as a certain one of

cholelithiasis, probably in the common duct, pancreatitis having been excluded by the absence of anemia, wasting and epigastric pain.

CASE III.— In another patient symptoms of "stomach trouble" were experienced three years prior to the time I first saw her. There was pain at night in the epigastrium and over the gallbladder, a feeling of distress after eating, and constipation. During the past year these attacks recurred every two or three weeks with increasing severity in the pain. One week ago the pain became distinctly cramp-like over the region of the gallbladder. There were vomiting, jaundice, biliuria, and a feeling of distress in the epigastrium after eating. The pain did not radiate to the right shoulder. Blood count showed a slight anemia, and 11,330 leukocytes.

At operation the gallbladder was found to be surrounded by adhesions attaching it to the omentum, duodenum, and pylorus. It was filled with thick, dark, ropy-like bile, but no stones. Bile revealed *B. coli communis* in pure culture.

Cholecystostomy was followed by uninterrupted recovery.

Carcinoma of the biliary passages, when primary, is frequently a result of gallstone irritation, especially with an hereditary predisposition to malignant disease. The malignant growth occurs most commonly in the gallbladder, infiltrating the walls and spreading to the neighboring hepatic tissue.

In the bile ducts the growth may be primary, or as a result of extension from the gallbladder, the walls of the duct becoming infiltrated and occluded.

The diagnosis is difficult to make in the early stages, because, with the probable history of previous gallstone attacks, the resulting pericholecystitis with adherent and tangled omentum will give a resistance to palpation just as the beginning tumor will. There are digestive disturbances with gradual loss of weight or strength; jaundice is absent, unless the portal lymphatics become enlarged and cause pressure, or the infiltration of the duct walls occludes the lumen. It then increases slowly, becoming intense and permanent. Fever and rigors are rarely present. Later in the disease

the wellmarked cachexia develops, and there is ascites from disturbance of the portal circulation. The appearance of a hard nodular tumor tender to palpation, moving with respiration and increasing rapidly, decides the diagnosis. It is well to remember that in cases of chronic obstruction of the common duct by a stone, of long standing, a cachexia may be present, very closely resembling that of malignant disease.

When the gallbladder is infiltrated by a growth from neighboring organs, the condition is beyond surgical help, and needs no description.

The indications of the methods of treatment in disease of the biliary tract can be discussed briefly, so firm is my belief in the efficacy of surgical interference only. I have seen so many disasters overtake all endeavors at temporizing with cholagogues and local applications that I am not only in accord with Robson's statement, "as soon as gallstones give serious trouble, their removal by operation is the most radical method of treatment, since it is only from the complications, which in many cases of cholelithiasis arise sooner or later, that any danger after operation may be apprehended;" but will go a step further in advising operation when gallstones are believed to be present.

In certain patients, usually women, obese and dyspneic, with a fat and flabby abdomen, past the middle period of life, with usually a tendency to varicose veins and a weak heart, operation is attended with considerable danger. Such patients also may have small amounts of sugar from pancreatic involvment, and I would hesitate to operate in the absence of an absolute indication that such operation was necessary to save life. These patients are better kept at absolute rest without food for twenty-four to forty-eight hours, with gentle catharsis and diuresis and the use of heat or cold to the gallbladder region for the relief of pain. After recovery from the attack, the tendency to lithiasis must be combated by sending them to Carlsbad or by directing like treatment at home, and inflammatory conditions in the duodenum prevented by a careful avoidance of heavy and indigestible food. In acute gallstone obstruction of the com-

mon duct in the absence of infection of the liver, and especially in the presence of serious organic disease of other organs, operation should not be entertained.

The technic of operation, of course, depends in great measure upon the lesion present. There has, however, been some discussion among surgeons recently as to the choice of operation in gallbladder lesions when the wall of the organ is considerably diseased. Whether it is better to remove the gallbladder (cholecystectomy) or to open it and depend on drainage for a cure (cholecystostomy) has been the question at issue. If ulceration, stricture, or adhesions threaten the future patency of the common duct, removal of the ballbladder renders a subsequent cholecystenterostomy of course impossible, and the operator is forced to make an external fistula or anastomose the duct to the bowel. In the absence of the gallbladder, the fistula requires extensive gauze packing, and choledochoduodenostomy is difficult, if not in most instances impossible to perform safely.

It should also be borne in mind, that when prolonged drainage of infected bile is desired, it is better to retain the gallbladder, as the other alternative, direct tubage of the common duct, is more hazardous. In my own practice I never perform cholecystectomy when I intend draining the liver ducts, unless the gallbladder is greatly thickened, distended, shrunken, filled with stones, perhaps pus, and entirely functionless. I never perform cholecystectomy in a comparatively normal gallbladder, and frequently in those which are extensively diseased a partial cholecystectomy with drainage has been followed by healing. When acute pancreatitis is complicated by the presence of gallstones, the pancreas is freely incised and drainage of the lesser sac provided for if necessary. The removal of the calculi must then be undertaken. When the stone occupies the common duct, especially in its course beneath the head of the pancreas, the greatest ingenuity and operative skill are often required to prevent a fatal catastrophe from a subsequent peritonitis by leaking, infected bile. A choledochotomy may be performed if the stone cannot be dislodged or the

duodenum opened and the papilla split up, depending upon the exigencies of the case.

In chronic pancreatitis the biliary calculi must also be removed and temporary or permanent drainage of the bile provided for. The method of making the fistula has caused considerable discussion, most surgeons preferring the external opening, or cholecystostomy. The great advantage of the latter fistula is the ability to keep the drainage constantly under observation. It has been urged that the closure of such a fistula is often difficult but I find from my experience, that the nonclosure is always due to the continued existence of an obstruction, either persistent enlargement of the pancreas, a stone, or a stricture, or from faulty technic in establishing the fistula. If the fistula closes after performing cholecystenterostomy or cholecystgastrostomy, which I strongly condemn, the liver may become damaged by the infected bile, jaundice supervene, and a dangerous reoperation become necessary.

When the stone is located as being in the ampulla, and cannot be carried back into the common duct, it is best to open the duodenum and slit up the papilla. If the calculus is somewhat to the proximal side of the ampulla of Vater, and cannot be reached by slitting the latter, nor carried up into the duct, a choledochotomy must be performed, after dividing the peritoneum to the outer side of the duodenum and lifting the latter upward. The wound in the duct may be closed by suture, but it is my practice to drain all of these cases. With a higher position of the stone, the duct is usually dilated, and the calculus can be pushed up to the cystic duct, and by a choledochotomy removed, and, if not able to carry the stone into the proximal portion of the common duct, the duct may be opened at the site of the stone. In all cases in which an infectious cholangitis is present in addition to the pancreatitis, the liver should be drained by means of a rubber tube introduced into the gall-bladder, common, or the hepatic duct. It is my practice to drain all cases when I have occasion to open the common duct.

Pancreatitis without stone is frequently, completely relieved by a simple cholecystostomy which, by diverting a

large amount of bile from the ampulla of Vater, allows better opportunities for the drainage of the pancreatic secretion.

Chronic pancreatitis with glycosuria and without obstruction of the biliary apparatus may be relieved, to a great extent, by a cholecystostomy, but theoretically an operation offers no hope of cure, as the diseased "islands" are not dependent upon any lesion ascending through the ducts.

Adhesions require careful dissection to effect their safe breaking up. They may be divided between hemostatic forceps, any bleeding points being, of course, secured. When adhesions are extensive and attached to the stomach, particularly the pylorus, and there is resulting traction on the pylorus and dilation of the stomach, it may be more propitious not to make an attempt to deal with the adhesions, but at once to do a posterior gastroenterostomy. If the pyloric orifice is also the site of an infiltration and thereby contracted, in a certain percentage of cases, pyloroplasty is performed in connection with posterior gastroenterostomy.

In dealing with fistulas between the biliary tract and the various organs, fixed and fast rules cannot be laid down, as the surgeon must use his judgment, taking advantage of his experience in dealing with like cases in the past. In some cases I separate the connection between the organs and close the openings separately, while in others I allow them to remain intact, especially when it is possible to deal with the actual lesion without forcing a separation to gain access to the site of lesion.

In performing cholecystectomy one should remember that the gallbladder and the cystic duct hold the same relation to the common duct as do the cecum and the anterior longitudinal muscular band to the appendix. Traction upon the former makes evident the common duct in the right free border of the gastrohepatic omentum, as does traction upon the cecum and the anterior longitudinal muscular band make evident the base of the appendix.

When the gallbladder can be dissected free from the liver, commencing the dissection at the fundus and carrying it toward the cystic duct, and when the integrity of the gallbladder will permit of traction, the outline of the cystic duct,

the common duct, and the cystic artery is very beautifully demonstrated and made easy to deal with. When feasible, we should allow that portion of the serous coat of the gallbladder adherent to the under surface of the liver to remain intact, in this wise preventing oozing from the torn liver substance, which may be difficult to control with sutures. The cystic duct and the cystic artery are carefully tied so that there will be no leakage from the former or hemorrhage from the latter. It is better to tie the cystic duct with catgut.

Cholecystostomy is performed by aspirating the gallbladder, incising, and removing any stones or concretions. A rubber drainage-tube is introduced for a distance of about 1.5 cm., and fastened by a catgut suture to the edges of the gallbladder wound. The latter are then invaginated inward and a pursestring Lembert suture introduced, holding the rubber tube firmly in position. Gauze drainage is introduced to the subhepatic space beneath the gallbladder, and to the site of the opening in the gallbladder, guarding the intestinal side with rubber tissue.

It would be interesting to discuss the postoperative treatment of the conditions referred to in this paper were it not for the amount of time it would consume.

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THE FOES OF THE HOUSEHOLD.

By C. C. Bombaugh, M. D.

While you, my brothers of the healing art,
Play on the stage of life your active part,
Many the hostile forces that encroach
Upon your vested interests; that poach
On your exclusive fields; that dare defy
The chartered rights on which you all rely.
Many the schemes, the stratagems prepense,
To dispossess you of just recompense.
Yet why should *you* such treatment undergo,
You who so much of earthly good bestow;
You, always ready duty's call to obey,
To soften sorrow, to arrest decay;
You who belong, while vital force survives,
Not to yourselves, but to imperilled lives;
You who together toil, together feel,
Together counsel for the public weal;
Who, building on foundations strong and sure,
Add grace and force to physic's literature,
Leave the old groping through empiric haze,
For rational and scientific ways,
And give preventive methods leading place
In benefactions for the human race.
Who are these foes that would their measure fill
By usurpation of your fruitful skill?
Pass down the line in critical review,
And then decide the question, who is who?

Is it the Christian Scientist, so named,
For mental-healing, or faith-healing, famed?
Drag this misnomer from beclouding mist
And you unmask a Christian hypnotist,
One who disputes existence of disease,
Yet swells his bank account with faith-cure fees,
Treats medication with derisive twit,
And scorns its eulogies in Holy Writ;
A therapeutic nihilist who sneers
At physic's marvellous growth in recent years;
Who undertakes to overcome all ill,
Through self-reliant exercise of will,
Not merely functional derangements, such
As Charcot outlines with his master touch,
Not mere neuroses, but the hopeless range
Of structural lesions, of organic change.
Disease is mere illusion, we're assured;
Remove the illusion, the disease is cured.
What contradictions common sense belies,
What self-convicting inconsistencies
Involve the vaporer, yet he claims to be
An agent of divine authority;
Claims for the founder of his cult a dower
Charged with miraculous, transcendent power;
Claims, what is even more imaginary,
Reincarnation of the Virgin Mary.
Thus duped, the immaterialist is ready
To bow the kneee to his Madonna Eddy.

Is it the quack of high repute who calls
Attention to his book-lined office walls,
Where hangs the showy sheepskin, the decree,
In stilted phrase, that makes him an M. D.,
Yet, read between the lines, that certifies
Such affirmations *may be* polished lies?
With more of artifice than art he strives
For notoriety on which he thrives,
This Paracelsus of the modern school,
Who hoodwinks wise men and beguiles the fool,
Both subject to the mercenary greed

That sways his acts, that constitutes his creed.
Your evil genius this—an enemy
More treacherous than quacks of low degree.

Is it the change of base that now impends,
That Hahnemannian faith and practice rends.
The loosening of globulism's clasp,
Infinitessimal's relaxing grasp,
Inanity that's drifting to decline,
And overstepping our border-line?
Now homœopaths attenuations change
For active principles of definite range,
And meet the indications that arise
By smuggling alkaloids in specious guise.
Thus they, with outward semblance all the same,
Work with your tools, but still retain their name,
And give to you a name that righteous wrath
May well resent, the nickname allopath.

Is it the *ad captandum* style of ads.
That takes high rank among presumptuous fads,
The catchy story or the special plea,
Misleading to unlooked-for sequelæ?
What sounding manifestoes rattle on,
From Lydia Pinkham down to Father John,
Fused with the fallacies that interlock
Cause and effect, *post hoc* and *propter hoc.*
What shrewd devices, what insidious skill
In puffing an elixir or a pill,
Endorsing panaceas with the names
And likenesses of invalided dames,
Statesmen and clergymen whose private woes
They to the public shamelessly expose,
Matching in vulgar show the flaunting signs
That blur the landscape on the railway lines.

Is it there's aught of reason to be wary
Of our old ally, the apothecary?
Should he, whene'er solicited, advise
For minor ailments, simple remedies,
Or, in emergency, *ad interim,* give

Approved provisional restorative,
Remember your relationship—first aid
Your own prerogatives need not invade,
And some responsibilities he shares
Alike with you, some duties and some cares.
If here or there a recreant you spy,
Easy enough to give him the go-by,
To warn your clientele against the snares
That underlie the promise of his wares,
Against coal-tar depressants' rash misuse,
Tonics that baneful practices induce.
Ready relief for divers pains and aches,
Abortifacients and "lost manhood" fakes.
Turn from the patent cure-alls he displays
To modest merit and to loyal ways,
And on the faithful pharmacist depend
To serve as "guide, philosopher, and friend."

So with opticians—there again you find
The same distinctions in degree and kind.
Here note the artisan with wholesome fear
Of faithless outreach from his proper sphere;
A true auxiliary—how different he
From the intruder that you elsewhere see,
Whose double-dealing brings to light, design
To transgress boldly the dividing line;
Shows effort legislation to obtain
Infringing on the oculist's domain,
Shows disregard of law when on the sly
He ventures mydriatics to apply,
And cases of abnormal vision treat,
Risking thereby detection of the cheat.
The oculist has no protecting shield
Against the quacks who invade his special field,
And advertise that they dissolvents sell
That will achieve the unachievable.
But when the optician to those depths descends,
He well may pray, deliver from such friends.

Thomson's lobelia and capsicum
Have had their day—their votaries are dumb.
The hydropath, with Arab praise uplift,
Said, "God is great, and water's his good gift;"
But Pressnitz methods have passed out of sight,
And Graefenberg no more can proselyte.
The osteopath now wants to be the rage,
And occupy the centre of the stage.
His Kirksville teacher, *ex cathedra,* says,
Bone suffering fails as a descriptive phrase;
Bone healing's better, therefore let it be
Hereafter known as osteotherapy.
Restriction to one method's what is meant;
The Swedish movements form its armament.
Its agents legislative halls invade,
Demanding recognition and State aid,
Reckless how damaging such aid may be
To your estate, to public policy.
'Tis said that every dog must have his day;
How long, 'tis asked, will this excrescence stay?
Sooner or later comes the final call,
And shams and pathies totter to their fall.

Where shall we look, then, for our dearest foe?
In our own ranks—we have not far to go.
The merchant doctors—that increasing class—
Ignore the code of ethics, *per nefas,*
Accept employment, and the task assume,
Proprietary remedies to boom,
To recommend such nostrums on the plea
Of frank disclosure of the formulæ,
Or refuge seek in quibble quite as thin—
"For the Profession only"—that's no sin.
But such a subterfuge too seldom rests
Upon conclusive or exhaustive tests,
Too oft on plausible assertions made
By fabricants well up to tricks of trade.
Pity commercialism in such guise
Thus bribes self-seeking with its gilded prize,
That cultured men attach their signature

To such certificates of speedy cure.
For sensibility to wear such mask,
What uncongenial, what unwelcome task,
E'en when responsive to the tempter's voice
From pinched resourcefulness, and not from choice.

With every morning's mail, from near and far,
Comes leaflet, pamphlet, booklet, circular,
From manufacturers who never tire
Of heaping fuel on a blazing fire,
And who combine to form an endless chain
Of new derivatives to quiet pain,
New antiseptics, bromides, iodides,
Eliminants, hypnotics, germicides,
Or ready made prescriptions which imply
Challenge of morals, taste, propriety,
With magnified and problematic claims,
And with involved, grotesque, and tortuous names.
Their worse than useless drugs they multiply,
And overload with prodigal supply,
Only to lumber the shopkeeper's shelves,
With trial samples tantalize ourselves,
And blot and blemish advertising space
Where, rightly speaking, they should have no place,
And where appearance means, constructively,
Professional assent, yes guarantee.
Why should our own class journals seek support
From sources of such questionable sort?
Does any other craft—let us be just—
Thus wound itself, or thus betray its trust?

Commercialism shows another bent,
Professedly your work to supplement—
Homes for inebriates—What that means, you know;
Homes for the slaves narcotics overthrow;
Homes for the physical and moral wreck
That holds debauchery at last in check;
The sanitarium that nothing lacks
For neurasthenics, hypochondriacs;
The private rooms for lying-in, and thence,

More lying in the ordinary sense;
Private asylums in the city streets,
In rural shades or mountainous retreats;
While mineral springs, with their alluring bait,
Your chronic cases strive to captivate,
Adding to stock in trade the harped-on theme
Of change of air, of scenery, and regime.
These are your friends the enemy, and these
Follow a rule of sport, "go as you please."

But what of those who still play fast and loose
With that great wrong, dispensary abuse,
That suicidal course which in its rounds
Expands benevolence beyond all bounds?
Your philanthropic promptings, measures, aims,
The unselfish service obligation claims,
Self-sacrifice from which there's no recoil,
Humanity that takes no note of toil,
These are the diagnostic signs, my brothers,
That lift the healing art above all others.
But do not let them weaken self-defense,
Or blind perception of your recompense.
While merchantmen pursue their devious course,
Your rights and your immunities enforce;
While charlatans aggressively pursue,
Don't rob yourselves of that which is your due.
Be in dispensary work, out-door, in-door,
Gracious, humane, to the deserving poor.
But why advise and help, from day to day,
Sneaks and impostors who are birds of prey?
Why waste good ammunition on the cheats
Called by the name "respectable dead beats?"
Why deal out medicines with lavish hand
To misers who have dollars at command,
Paupers with money in their belts or hose,
Beggars with savings stuffed in ragged clothes?
If the delinquents point to that word FREE
Over the door of the Infirmary,
Tell them, while their misstatements you condemn,
"Something for nothing" is not meant for them.

Free service is for honest indigence,
And not a premium on false pretense.
If clinical material is slack,
If illustrations for your class you lack,
Fill up the gap from the expectant throng,
But make them bring some *quid pro quo* along.
Let them do duty double in degree,
Serve clinic teaching—pay a nominal fee.
Thus, while the counterfeiters you restrain,
Your equities you jealously maintain,
Sure that the charity that best befriends
Begins at home, no matter where it ends.

REPORTS

REPORT OF THE EXECUTIVE COMMITTEE.

The Executive Committee organized soon after the last annual meeting and met frequently during the year for the transaction of the routine business, including the appropriations, arrangements for the Semi-annual and Annual Meetings, selection of the orator, etc.

One of the most important duties of the Committee was the effort to carry out the desire of the Faculty to obtain State aid in erecting a fire-proof building, according to the resolutions adopted at a special meeting of the Faculty on December 28, 1903.

We append herewith the report upon this unsuccessful effort.*

HARRY FRIEDENWALD.
G. LANE TANEYHILL.
SAMUEL THEOBALD.
JOHN D. BLAKE.
EUGENE F. CORDELL.
J. W. LORD.
THOS. A. ASHBY.
Executive Committee.

*It is not deemed necessary to publish this report.

TREASURER'S FINANCIAL STATEMENT.

1903—04.

RECEIPTS.

Balance from last report	$486 01	
Dues, membership fees, etc	2,300 50	
Loan from Commonwealth Bank	700 00	
Rent of hall	117 00	
Exhibit	10 00	
Donations from three medical schools for library fund	75 00	
		$3,688 51

EXPENDITURES.

Account of library	$1,282 09	
Coal and gas account	433 72	
Telephones	134 45	
Repairs, etc., to house	209 08	
Insurance on property	51 50	
Water taxes	25 61	
Smoker, Annual Meeting	83 10	
Janitor's salary on part of trustees	180 00	
Expense of Secretary's Office	140 00	
Expense of Treasurer's Office	114 40	
Printing	16 15	
Lawyer's Fee, Medical Practice Act	71 00	
Programme Committee	72 35	
Membership Committee	37 09	
County Medical Society Committee	53 37	
Commonwealth Bank, note	700 00	
Commonwealth Bank, interest	30 35	
Incidentals	52 70	
Total expenses		$3,686 96
Balance		$ 1 55

Respectfully submitted,

THOMAS A. ASHBY, Treasurer.

REPORT OF THE LIBRARY COMMITTEE.

Mr. President and Gentlemen of the Faculty:

Your Library Committee takes pleasure in calling attention to the steady progress made. The list of journals has been kept up, and many new and old books added by purchase and donation. Our library is now an extremely valuable one, and it is to be regretted that it is not housed in a fire-proof building. Besides the danger to the library in case of fire, the accommodations in our present building are entirely inadequate. Some measure should speedily be set on foot, looking to the acquirement of a much larger, fire-proof building. Your Committee would call attention to the fact that a larger appropriation is necessary if the work of the Library is to be properly carried on. If the cataloguing is to be kept up to date, it is absolutely necessary to have a permanent assistant in addition to the assistant furnished by the Association of Medical Librarians. Therefore this Committee would suggest the sum of $1,500 as a suitable appropriation for the coming year.

In conclusion the Committee desires to express its appreciation of the excellent work done by the librarian, Miss Noyes, and her assistants.

GEORGE J. PRESTON, *Chairman.*
WM. OSLER.
STEWART PATON.
W. F. LOCKWOOD.
J. M. HUNDLEY.

LIBRARIAN'S REPORT.

Mr. Chairman and Members of the Library Committee:

A revision of the Library rules was found necessary early in the year, placing greater restriction on the loan of unbound journals, and debarring students from drawing books from the Library, except upon the written order of a member.

Each year the loss of numbers from our Journal files has become greater, and in many instances it has been impossible to replace the missing numbers, making the whole volume a loss. We have twenty such incomplete volumes, all from valuable sets, which we are unable to bind, because numbers have been borrowed and lost, and cannot be replaced. For most of these no borrower's slip was left, and the journal could not be traced.

Debarring the students from borrowing books has reduced the number of books borrowed for home use this past year to 1,585, but that increased use has been made of the books in the reading-rooms is proved by the 4,501 readers registered.

The total number of accessions for the year is 694, as follows: Dr. T. A. Ashby, 1; Association of Medical Librarians, 8; Dr. M. B. Billingslea, 51; Book and Journal Club, 6; Boston Medical Library, 9; Dr. S. C. Chew, 24; Dr. T. S. Cullen, 1; Enoch Pratt Free Library, 7; Frick Library, 175 (23 being the gift of Dr. Wm. Osler); Dr. H. Friedenwald, 3; Dr. J. S. Fulton, 8; Dr. E. E. Gibbons, 1; Dr. H. B. Jacobs, 1; Library Committee Fund, 7; Dr. A. McGlannan, 1; Dr. J. Neff, 1; Dr. C. O'Donovan, 18; Dr. J. Ordronaux, 9; Dr. Wm. Osler, 28; Dr. S. Paton, 43; Dr. H. O. Reik, 6; Dr. J. Ruhräh, 9; Dr. C. E. Simon, 1; Surgeon-General's Office, 4; Dr. W. S. Thayer, 7; Transactions and Reports of Societies, 59; Dr. J. W. Williams, 3; Dr. T. C. Worthington, 2; by binding journals, 201.

The total number of volumes in the Library is 13,833; of these 4,449 are bound Journals. There are also 5,301 unbound monographs and reprints, and a large number of bound and unbound duplicates. These duplicates are given to members of the Association Medical Librarians, if required; but a number have been sold to physicians at half price.

There were 217 monographs and reprints received from the following: Dr. V. Y. Bowditch, 2; Dr. S. E. Chaillé, 2; Dr. E. F. Cordell, 1; Dr. W. A. Edwards, 1; Dr. A. W. Fairbanks, 1; Dr. W. W. Ford, 1; Dr. H. Friedenwald, 17; Dr. L. V. Hamman, 1; Dr. W. B. Hopkins, 1; Dr. H. A. Kelly, 6; Dr. W. Osler, 15; Dr. H. T. Patrick, 1; Dr. J.

Punton, 2; Dr. E. Pynchon, 11; Dr. H. M. Starkey, 2; Dr. W. R. Steiner, 3; Dr. W. S. Thayer, 15; Dr. E. L. Whitney, 1; Dr. D. F. Willard, 2; Dr. C. A. Wood, 1; University of Dorpat, 59; University of Göttingen, 51; University of Heidelberg, 41.

A large number of miscellaneous journals was presented by Dr. F. M. Chisolm, the Enoch Pratt Free Library, Dr. J. M. T. Finney, Dr. H. B. Jacobs, Park, Davis & Co., Dr. S. Paton, Dr. W. B. Platt, Dr. J. Ruhräh, Sharp & Dohme, Dr. W. S. Thayer.

There were 316 volumes collected and bound; only two of the sets that require rebinding are included in this, and a special appropriation should be made for the rebinding of old books and journals which cannot be preserved otherwise.

The Journals, regularly filed, number 152. Of these, 54 are donated by the Book and Journal Club, 11 by Dr. W. Osler, 1 by Dr. J. C. Hemmeter, 4 by Maryland Medical Journal, 8 through the Association of Medical Librarians, 51 are subscribed to by the Library Committee, and 23 are received by exchange.

The crowded condition of the Library was somewhat relieved by shelving the walls in the assembly hall; but at the present rate of growth this is at best but a temporary relief, and the need for a new building is felt on every hand.

The work of the Exchange for the Association of Medical Librarians has crowded our lower hall, and most of the present year a second assistant has been employed, from the Petty Cash Fund, to assist with this work. The services of an assistant are required almost constantly, as the work of our own Library has increased to such an extent, and it is earnestly hoped the Faculty will assume the assistant's salary the coming year, and leave the work of the Exchange to a second assistant.

All the old and rare books in the Library have been placed in locked cases in the Librarian's Office and marked by a double starr (**). The rule that such books may not be borrowed, except by special permission, will be strictly adhered to.

The State Examining Board gave $100 to the Library Committee for the Library. This was set aside for special help; and an inventory of the books in the Library, by comparison with the author cards, was begun. So far twenty-two books have been found missing, and the completion of this work will consume the balance noted below.

Three valuable additions were made to our collection of portraits: A crayon of Dr. John Crawford, the gift of Dr. William Osler; a portrait of Dr. John R. W. Dunbar, by purchase from the Crim collection, and a handsome painting of Dr. Aaron Friedenwald, from his son, Dr. Harry Friedenwald.

LIBRARY FUNDS. Petty Cash Account.

RECEIPTS.

Balance brought forward, Apr. 15, '03	$ 53 84	
Gift from State Board, Med'l Exmrs.	100 00	
Sale of Duplicates	75 20	
Sale of paper	14 14	
Received from fines	67 96	
Total Receipts		$ 311 14

EXPENDITURES.

Stamps	$ 12 53	
Cleaning books, etc	17 00	
Supplies	8 13	
Express, freight, etc	4 10	
Drayage	11 00	
Portrait, Dr. J. R. W. Dunbar	7 50	
Sun, newspaper	2 61	
Assistance in Library	135 50	
Incidentals	6 03	
Total Expenses		$ 204 40
Balance		$ 106 74
Loaned to Asso'n Med'l Librarians, etc.		25 74
Amount on hand		$ 81 00

GENERAL FINANCIAL STATEMENT.

RECEIPTS.

Library appropriation, 1903—1904...	$1,100 00	
Contributions from three medical schools	75 00	
Total Receipts		$1,175 00

EXPENDITURES.

Association Medical Librarians.....	$ 30 00	
Asso'n Medical Librarians, Librarian's expenses	25 00	
J. Cowan, shelving.....	93 00	
Index medicus	5 00	
Library bureau	6 50	
Maryland Medical Journal.....	2 00	
New York Medical Journal.....	4 00	
Nunn & Co., supplies.....	14 78	
R. L. Polk & Co.....	10 00	
J. Ruzicka, binding.....	264 85	
Salary of Librarian on part Library Committee	415 00	
Salary of Janitor on part Libr'y Com.	120 00	
G. E. Stechert, Journals.....	288 40	
Williams & Wilkins Co.....	10 45	
Total Expenses		$1,288 98
Deficit		$ 113 98

REPORT OF COMMITTEE ON LEGISLATION.

Mr. President and Members of the Faculty:

No legislative matters pertaining to the interests of the Faculty or of the Medical Profession were brought to the attention of the Committee during the past year. It will

be recalled that the Faculty, at a special meeting held in January, decided to recommend no changes in the existing Medical Practice Act, the report to this effect of the special committee appointed at the Semi-annual Meeting to consider the question, being accepted. The matter of securing from the Legislature an appropriation for the library of the Faculty was in charge of a special committee appointed for the purpose. The most important medical legislation enacted at the recent session of the Legislature was that embodied in the bills recommended by the Tuberculosis Commission.

WILLIAM H. WELCH, Chairman.

Baltimore, April 27, 1904.

REPORT OF MEMOIR COMMITTEE.

The Committee respectfully report the following deaths of members during the past year:—

FRANCIS TURQUAND MILES, Baltimore, Md., July 30, 1903, aged 76.

ABRAM HICKS PRICE, Towson, Baltimore County, Md., March 1, 1904, aged 64.

MOSES W. MERRYMAN, Atlantic City, N. J., January 25, 1904, aged 76.

JAMES S. WHITAKER, Cherry Hill, Cecil County, Md., March 12, 1904, aged 56.

JOSEPH CARROLL MONMONIER, Franklin, Baltimore County, Md., April 6, 1904.

Sketches of all of these are given in the Medical Annals. They were all worthy members of the profession, and have left behind them honorable records of which we may be proud. Dr. Miles was long the chief representative in the department of neurology in this city, having been the first to teach the modern views of that intricate subject as far back as 1869. He was a model physician and gentleman, courteous, conscientious, studious, dignified, manly, a hater

of shams, a most eloquent teacher. The best evidence of the success of his work and life is the affection and reverence with which his memory is regarded by his pupils, colleagues and patients. His contributions to our transactions were among the most valuable therein, and but for the retiring, shrinking disposition of Dr. Miles, he might have reached the highest office within our gift.

Mention should also be made of the following former members, deceased during the year:

EDWARD E. STONESTREET, Rockville, Md., October 9, 1903.

JULIAN J. CHISOLM, Petersburg, Va., November 1, 1903.

EDWARD M. HARDCASTLE, Easton, Md., December 27, 1903.

PETER BRYSON WOOD, Baltimore, Md., February 19, 1904.

GUSTAV LIEBMAN, Boston, Mass., February 20, 1904.

Respectfully presented,

EUGENE F. CORDELL,
Chairman.

REPORT OF COMMITTEE ON THE FUND FOR THE RELIEF OF WIDOWS AND ORPHANS OF DECEASED MEMBERS.

It is with pleasure that we report that this fund, founded by the Faculty at its last Annual Meeting, has been successfully inaugurated. As the only charity within our profession and one sorely needed, it commends itself deeply to us. More than one instance is known in this community where leaders in the profession have had to be buried by their colleagues. If this be so of them, what must be the condition of the rank and file? Those sad faces of wives and little ones left unprovided for by the early decease (perhaps from too great devotion to duty) of their natural protectors, ap-

peal to us more than mere words. We should not leave their relief to desultory effort, but should make permanent provision for them. We ask the members of the Faculty to contribute to this fund as they are able, and we hope that you will also remember it in your wills. We hope also to interest many of our citizens in it. The tie between the physician and his patients is a very strong one, and, we believe, if the proper appeal be made to them, many laymen and laywomen will liberally contribute, for the sake of the beloved physician. As the contributions come in, they will be placed in the savings department of the Commonwealth Bank, where an account has been opened and where we receive 3½ per cent. interest.

The following subscriptions have been made: Wm. Osler, William S. Halstead, each $100; L. McLane Tiffany, J. M. T. Finney, each $50; J. W. Chambers, Wm. E. Moseley, Hugh H. Young, J. Holmes Smith, each $25; J. C. Bloodgood, $15; Robt. W. Johnson, Eugene F. Cordell, Daniel W. Cathell, Thos. S. Latimer, Wm. H. Welch, Thomas Opie, Clotworthy Birnie, Hiram Woods, Harry Friedenwald, John D. Blake, Sydney M. Cone, George Reuling, Walter B. Platt, Wm. S. Thayer, R. B. Warfield, Wm. F. Lockwood, J. Wm. Lord, John Neff, R. Tunstall Taylor, James Bosley, Louis P. Hamburger, Frank Martin, A. C. Pole, Charles M. Ellis, Henry M. Hurd, Charles G. Hill, each $10; J. J. Abell, G. Lane Taneyhill, Russell Murdoch, A. D. McConachie, W. H. Howell, Thomas H. Buckler, John N. Mackenzie, A. H. Whitridge, Jacob H. Hartman, Julius Friedenwald, J. M. H. Knox, Sylvan Likes, J. H. Branham, Franklin B. Smith, J. McP. Scott, W. F. Hines, A. S. Mason, B. W. Goldsborough, J. Percy Wade, S. K. Merrick, W. P. E. Wyse, each $5. Interest, $12,50: total, $792.50.

EUGENE F. CORDELL.
WILLIAM OSLER.
D. W. CATHELL.
ROBERT W. JOHNSON.
JOHN W. CHAMBERS.
Committee

REPORT OF THE BOARD OF MEDICAL EXAMINERS OF MARYLAND, TO THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

The Annual Report of the Board of Medical Examiners herewith submitted embodies features which it is hoped will prove interesting and helpful to the profession. Your attention is specially directed to the Abstract of Laws regulating Medical Practice in the various States and Territories. The conspicuous feature of these laws and which must be of significance and influence, is, that in all the States and Territories, except Alaska, the right to practice medicine is under some form of regulation. Where this control is lodged, and the method to be pursued whereby this right can be secured, varies in the different States.

One grants the right to practice by virtue of the ownership of a Diploma issued by Medical Colleges chartered and operating within that particular State. Kentucky is distinguished by this vainglorious estimate of the value of her own institutions.

One or two more grant the right to practice by virtue of a diploma issued by institutions approved by designated authorities or named in the law. With the exception of the few thus noted the authority to issue a License to practice medicine is lodged in a Board of Medical Examiners, and the License is issued as a result of examination. The exceptions therefore are so few and insignificant that, it may be said that in all the States the right to begin the practice of medicine is dependent upon a license, issued after a successful examination upon various medical subjects usually named in the law.

The Report also presents a list of Registered Physicians of the various counties and Baltimore City. These lists were secured from the Clerks of Courts in accordance with legal requirements, and the Secretary herewith desires to express his appreciation of the prompt and willing service rendered by the gentlemen in charge of these records.

These lists are necessarily incomplete and inaccurate. When received copies were sent to everyone named thereon, requesting correction and return. This work, with that en-

tailed by the Baltimore list, involved the expenditure of much time and considerable money, as the Registers in the Clerks' Offices do not show the street address. These were sought through examination of city and telephone directories. The printed lists were then sent to each physician whose name appeared thereon—as resident in Baltimore, numbering about fifteen hundred, with a note from the Secretary, stating the purpose of the communication and requesting the return of the same with any information which the recipient might possess. Of the number sent out fifty-four were returned. In the correction of lists those who have moved away should not be considered, as the absence may be temporary, and it is moreover scarcely a question that the act of registration constitutes a vested right until disturbed for cause by prescribed legal procedure. The names of those who have died was much desired so that their names could be erased. The duplication of returns giving the names of deceased physicians suggested that in this particular the list is correct.

Since the list was submitted to the Board many doubtless have been entered upon the various registers of physicians throughout the State, but with the lists as now arranged it will be comparatively easy to secure the names subsequently added, through conference with those in charge of the registers. It will therefore be quite practicable in a couple of years, by using this Report as a basis, to secure an authentic list of all the registered physicians in the State.

Since its organization it has been the practice of the Board to publish annually in the Maryland Medical Journal a summary of the results of the examination, together with the questions used at the examination. The distribution of this information is limited by the circulation of the Journal, and we have included in this report the summary of the results of examination and questions for 1903, in order that the Faculty and physicians generally throughout the State, may be informed as to the scope and method of the work as conducted by the Board of Medical Examiners. During the past year nothing of special interest has occurred to which reference is necessary. The establishment of reciprocal relations with other States whereby the license of one State

may, under prescribed limitations, secure recognition in another State has been well advanced.

The prosecution of illegal practitioners has been made difficult by the widespread indifference or disinclination of those who should be interested, to furnish the information necessary to inaugurate proceedings and subsequently conduct them to a successful conclusion. The Board earnestly hopes that the information herein contained may be accepted by the profession in the spirit in which it is communicated, and that a determination may be aroused in each physician to exert himself as a potential factor in elevating the standard of medical training, in maintaining professional character, and contributing to the exposure of those who, posing as legal practitioners, defy the law, do injustice to the law-observing and nullify the uplifting and ennobling work to which the medical profession is dedicated.

Abstract of Laws Regulating the Practice of Medicine in the States and Territories of the Union.

ALABAMA.

The Board of Censors of the Medical Association of the State of Alabama and the Boards of Censors of the several county medical societies are the authorized Boards of Medical Examiners. Examination required of all persons desiring to practice. County Boards can only examine holders of diplomas. These examinations must be reviewed by the State Board. Both graduates and non-graduates may be examined by the State Board.

ALASKA.

No law. Itinerant physicians pay a license of $50 per annum (Act of June 6, 1900).

ARIZONA.

Applicant must become a bona fide resident of Arizona. If he has a diploma, may obtain a certificate under paragraph 3,529 of the Revised Statutes, 1901, or pass an exami-

nation under the Act of March 18, 1897. Non-graduates must, and gradutes may, take an examination before the Board of Medical Examiners of Arizona.

ARKANSAS.

Three State Examining Boards, under law of 1903. All applicants must pass examination.

CALIFORNIA.

All applicants must present a diploma and pass an examination in ten specified subjects before the State Board of Medical Examiners. Reciprocity made possible by law, but not yet established.

COLORADO.

Graduates of reputable Medical Schools, who have had four full courses in four separate years, are registered upon the presentation of diplomas. All other applicants are examined. Must be a resident of State.

CONNECTICUT.

Three Examining Committees, appointed by State Board of Health. All applicants must present a diploma and pass an examination before one of the three committees.

DELAWARE.

Every applicant must present a diploma and pass an examination before one of the two Boards of Medical Examiners. Reciprocity permitted by law. On February 1, 1903, it had been established with Maryland and New Jersey.

DISTRICT OF COLUMBIA.

Only graduates eligible to a compulsory examination before one of the three Examining Boards. The Board of Medical Supervisors may review all examinations. Reciprocity permitted by law.

FLORIDA.

Examination necessary before the Board of Examiners of a Judicial District, a State Homeopathic Board or a State Eclectic Board. Each Board fixes its own standard. Only graduates are eligible.

GEORGIA.

Three Boards of Examiners of five members each. The candidate must be a graduate of a college requiring not less than three full courses of studies of six months each.

HAWAII.

License granted by Minister of Interior on recommendation of Board of Health, after examination by same Board.

IDAHO.

Graduates alone are eligible, and they must pass an examination before the State Board of Examiners.

ILLINOIS.

Examination by the State Board of Health always necessary. Only graduates are eligible. Reciprocity permitted by law.

INDIAN TERRITORY.

Cherokee Nation.—All persons must obtain a certificate from a Board of Medical Examiners of a Supreme Judicial District. Graduates may or may not be examined, within the discretion of the Board. No certificates issued to non-graduates.

Creek Nation.—Graduates may be licensed without examination. Non-graduates are examined.

Choctaw Nation.—Examination always required.

INDIANA.

Every candidate must present a diploma and pass an examination. Board of Examiners is empowered to establish a schedule of minimum requirements and rules for medical

colleges. Reciprocity permitted. Is sanctioned by the Board, where the applicant can show that he has satisfied the general Indiana requirements, including an average of not less than 80 per cent. in his examination.

IOWA.

Examination compulsory. Only graduates are eligible who can show that they have attended four full courses of study of not less than twenty-six weeks, no two of which courses shall have been given the same year.

KANSAS.

Applicants must prove to the State Board that they have devoted four periods of not less than six months each, no two within the same twelve months, to the study of medicine or surgery, and must also pass an examination in twelve prescribed subjects.

KENTUCKY.

A license will be granted to all persons holding a diploma from a reputable medical college, chartered in Kentucky, or from any college endorsed as reputable by the State Board of Health. Residents alone are eligible.

LOUISIANA.

The requirements are: 1. A diploma from a reputable medical school. 2. Evidence that the applicant is of age, has good moral character and a fair primary education. 3. Passing of examination before one of the two Medical Boards.

MAINE.

All applicants must possess diplomas and pass an examination before the Board of Registration of Medicine. Any person who is eligible for examination in Maine and has received a rating of at least 75 per cent. by a Board that maintains a standard equal to that of Maine, will be licensed without further examination, provided the applicant's examining board will accept a Maine certificate under similar circumstances.

MARYLAND.

Two separate Boards of Medical Examiners—one appointed by and representing the Medical and Chirurgical Faculty—the other appointed by and representing the State Homeopathic Medical Society. Examiners shall be physicians in actual practice and of recognized ability and honor. No member of any teaching body, who passes upon the qualifications of graduates of any medical college shall be eligible to membership upon either Board.

Each Board shall meet on the first Tuesday in June in each year for the purpose of organization. Meetings to be held as determined by the Board. Subjects for examination, which shall be in writing, are Anatomy, Surgery, Pathology, Obstetrics, Practice, Chemistry, Materia Medica, Therapeutics and Physiology. The same standard of excellence shall be required of all candidates. Standard of requirements to be established by each Board for itself.

All persons, except physicians who were practicing medicine in this State prior to the first day of January, 1898, who are now practicing medicine or surgery, and can prove by affidavit that within one year of said date said physician had treated in his professional capacity at least twelve persons, who shall commence the practice of medicine or surgery in any of their branches after the passage of this Act shall make a written application for License to the President of either Board of Medical Examiners which said applicant may elect. Applicant must be more than twenty-one years of age, of good moral character, possessed of a competent common school education and a Diploma issued by a legally incorporated College, requiring a four years' standard of education as defined by the American Medical College Association, or the Intercollegiate Committee of the American Institute of Homeopathy.

Medical students at the end of their second year of study, who have, as verified by the Dean of the College which they had attended, completed the studies of Anatomy, Physiology, Medical Chemistry and Materia Medica, shall on application, be examined in such studies by the State Examining Board, the result of said examination to be considered as part of the final examination, full regular fee of fifteen

dollars to be paid at this time, no part thereof to be returned, but placed to their credit for the remainder of the examination yet to be taken. Diplomas of foreign colleges shall be accepted if course of four years' study has been required.

Examinations to be conducted in such manner that the name, school of graduation and preparatory training of applicant shall not be made known until his examination papers have been graded. Fee fifteen dollars, non-returnable, but secures a second examination in case of failure at the expiration of six months and within twelve months thereafter. Fee to be applied by said Boards towards paying expenses of said Boards. License shall be denied any applicant radically deficient in any essential branch. In case of failure applicant shall be credited with having passed in such branches as he has been found proficient in, and he shall not be again examined in said subjects. Persons receiving License shall register same in the office of the Clerk of the Circuit Court of the county in which he or she may reside or with the Clerk of the Circuit Court of Baltimore City if said person shall reside there. Removal requires re-registration in the county or city to which residence has been changed. Penalty for practicing or attempting to practice without License, a fine of not less than fifty dollars nor more than two hundred dollars for each offense, in default of payment imprisonment in City or County Jail until fines and costs are paid, and debarred from recovering compensation for services rendered.

Boards shall report annually to their respective officer.

Boards shall elect their own officers and prescribe duties and compensation of officers and members.

Every person who was practicing medicine in the State of Maryland on or before the first day of January, 1892, shall be entitled to be registered as a physician or surgeon or both upon making application to the President of the Board in writing and verified by oath that the applicant was a duly qualified, lawful practitioner of Medicine in good standing on or before the first day of January, 1892. President of Board is authorized to endorse permit of applicant to be registered. Physicians of good moral and professional standing of other States coming into Maryland with intent to follow the practice of Medicine and Surgery in this State,

may be permitted by the Board of Examiners to take a special examination, the terms and methods of which shall be prescribed by the Board.

Any person unlawfully securing registration as a Physician shall be fined not less than fifty nor more than five hundred dollars.

Any person shall be regarded as practicing Medicine who shall operate or prescribe for any ailment of another or who shall append to his or her name the letters M. D., or prefix the word Doctor or the abbreviation thereof, Dr., to his or her name. It shall be the duty of Police Commissioners of Baltimore City and of the Sheriff of each county to see that all practicing physicians in the State shall be legally registered and report to the State's Attorney of the city or county all cases of violation of the law. Either Board of Medical Examiners may revoke any License it has issued, for the following causes: Fraud or deception in passing the examination, criminal abortion, condition of crime involving moral turpitude or unprofessional or dishonorable conduct. Appeal may be taken from decision of Board to the Circuit Court of Baltimore City or County, in which the party may reside. The respective Boards are authorized to license, without examination, applicants who present proper certificates of proficiency and professional standing at the time of application, issued by Boards of Medical Examiners of the District of Columbia and of other States, the requirements of which are of as high a standard as those governing the Boards of Medical Examiners of this State; provided, such Boards of such States or District grant the same privileges to Licentiates of the Examining Boards of Maryland, such applicants, however, being still required to furnish the same proof of qualifications required of other applicants.

MASSACHUSETTS.

All applicants must pass an examination in subjects named before the State Board of Registration in Medicine. Applicants must be over twenty-one, and of good moral character.

MICHIGAN.

A license will be granted without examination to graduates of reputable colleges of Medicine having at least a three years' course of eight months in each year or a course of four years of six months in each year, as shall be approved and designated by the Board of Registration in Medicine. The approved list will be furnished upon request. An examination is required of other graduates and non-graduates. Reciprocity is permitted.

MINNESOTA.

All applicants must pass an examination before the Board of Medical Examiners and must have attended four full courses at a medical college recognized by the State Board, of at least twenty-six weeks each, no two courses being in the same year.

MISSISSIPPI.

All applicants must pass an examination in eight subjects before the State Board of Health.

MISSOURI.

Examination necessary before the State Board of Health.

MONTANA.

Diplomas from Medical School and examination before the State Board of Medical Examiners necessary in all cases. Reciprocity is permitted.

NEBRASKA.

Every applicant must be a graduate of a Medical School in good standing, and must pass an examination before the State Board of Health.

NEVADA.

Certificates are issued by the State Board of Medical Examiners without examination to graduates of reputable Medical Schools and Licentiates.

NEW HAMPSHIRE.

Every applicant must pass an examination before the State Board of Examiners. He must pay a fee of $10, be over twenty-one, have a good moral character, be a graduate of a registered college, academy or high school, or have an equivalent preliminary education. He must also have studied Medicine not less than four full school years of at least nine months each, in four different calendar years, in a Medical School, or have received the degree of Bachelor or Doctor of Medicine from a Medical School or an equivalent diploma or license in a foreign country. Recognition of Licenses of other States allowed under prescribed conditions.

NEW JERSEY.

Every applicant must have a certificate or diploma, issued after four years' study in a normal, manual-training or high school, of the first grade, in New Jersey, or in an academy or seminary, or a certificate of examination for admission to the freshman class of a literary college or equivalent institution. He must have had four full school years of Medical study of at least nine months each, including four satisfactory courses of lectures of at least seven months each, in four different calendar years in a Medical School, prior to receiving the degree of Doctor of Medicine. Reciprocity with Maine, Delaware, Maryland, Virginia, Illinois, and Washington, New York and Pennsylvania endorsed.

NEW MEXICO.

Graduates of the University of Pennsylvania, University of Missouri, University of Minnesota, Columbia, University of Michigan, Johns Hopkins, Harvard and Yale are licensed without examination. All other persons must pass an examination given by the Board of Health.

NEW YORK.

Three State Examining Boards. Every applicant must pass an examination, after showing that he has had a high school education or its equivalent, and has studied medicine not less than four full years of at least nine months each, in-

cluding four full satisfactory courses and at least six months in four different calendar years. No reciprocity.

NORTH CAROLINA.

All applicants must pass an examination given by the State Board of Medical Examiners. Only graduates of Medical Colleges, requiring an attendance of not less than three years, are eligible. A license or other satisfactory evidence of standing as a legal practitioner in another State will also admit to the examination.

NORTH DAKOTA.

Examination always required. Applicant must have attended three courses of lectures of at least six months each.

OHIO.

Examination necessary. Applicant must have had a preliminary education equivalent to a four years' high school course or pass a preliminary examination conducted by the Board. Only graduates of medical schools are eligible. Recognition of Licenses of other States allowed under restrictions.

OKLAHOMA.

Application must be accompanied by proof of good moral character and proof of ten years' continuous practice or proof of graduation from a Medical College. Every applicant must secure an average of 66 2-3 per cent. in an examination before the Board.

OREGON.

Examination necessary before State Board. Applicant must submit affidavit showing actual time spent in study of Medicine.

PENNSYLVANIA.

Every applicant must pass a preliminary examination or present a diploma from a College, Academy, Seminary, Normal or High School, a teacher's permanent certificate or a student's certificate of examination for admission to a liter-

ary College. He must also be a graduate of a Medical School, which requires study of at least four years, including three regular courses of lectures in different years. The passing of an examination before one of the three State Examining Boards is also necessary. Send application to Medical Council. Reciprocity with New York.

PHILIPPINES.

All persons practicing on the Islands before December 4, 1901, who are graduates, certain students in St. Thomas's University in Manila and persons who have passed an examination pursuant to certain military orders will be licensed without further examination. All other applicants must be graduates and must pass an examination. The Board of Medical Examiners holds such examinations four times a year.

PUERTO RICO.

An examination is necessary to which graduates alone are eligible. Graduates who are also licensees of State Boards may be licensed without examination, within the discretion of the Superior Board of Health.

RHODE ISLAND.

Any physician who passes an examination before the State Board of Health will be licensed.

SOUTH CAROLINA.

All applicants must be graduates of a Medical School and must pass an examination before the Board of Medical Examiners. Any person, however, holding a diploma issued by any South Carolina College, which has a four years' course of instruction and a standard of not less than seventy-five per cent. on examination, will be licensed without such an examination.

SOUTH DAKOTA.

Examination before the State Board of Medical Examiners is necessary. All applicants must be graduates, who have taken four full courses of lectures in separate years.

TENNESSEE.

No requirement except the passing of an examination before the State Board.

TEXAS.

Three Boards of Examiners. Examination before one of them necessary. Reciprocity permitted.

UTAH.

An examination before the State Board of Examiners is necessary and only graduates are eligible.

VERMONT.

Controlled by Board of Censors of the State Medical Societies. Each society has a separate Examining Board, which fixes its own standard. Every applicant, who must be a graduate, is required to pass an examination before one of these Boards. Reciprocity permitted.

VIRGINIA.

Graduates of any College, conforming to the requirements of the Association of Medical Colleges, are eligible to an examination given by the Medical Examining Board of the State and must pass such examination before a license will be issued. A certificate will be issued to licensees of other States, who present a diploma from a reputable College, with an attested certificate from a State Medical Examining Board having same requirements as the Virginia Board, and pass a satisfactory oral examination before a committee of the Board.

WASHINGTON.

Examination always necessary and applicant must be a graduate of a Medical College, which has at least a three years' graded course. Reciprocity permitted.

WEST VIRGINIA.

The passing of an examination in specified subjects before the State Board of Health is always necessary.

WISCONSIN.

Every applicant must be a graduate of a medical College that requires for admission an elementary education equivalent to that necessary for entry to the Junior Class of a High School of the State, including one year's course in Latin and for graduation at least four courses of not less than seven months each; no two of said courses to be taken within any one twelve months. Wisconsin will reciprocate with any other State having equal requirements.

WYOMING.

All applicants who are graduates of Colleges of recognized merit can receive certificate without examination. Applicants holding diplomas from institutions of other than recognized merit may be examined by the Board of Examiners in the usual branches of medicine.

* * * * * * * * * *

Dr. J. Williams Lord, Secretary,
Medical and Chirurgical Faculty:

DEAR SIR:—Enclosed you will find audited Financial Report of this Board, which the Secretary-Treasurer has requested me to forward you,

Very truly yours,
EUGENE McE. VAN NESS.

REPORT OF J. McP. SCOTT,

Treasurer Board of Medical Examiners of Maryland, of Receipts and Disbursements from April 27, 1903, to April 25, 1904.

RECEIPTS.

1903.		
April 27, cash balance as per report	$ 995 06	
1904.		
April 26, fees from licenses, permits and transfers	2,815 15	
Total receipts		$3,810 21

DISBURSEMENTS.

1903.		
May 2	H. L. Brown, returned fee	$ 15 00
" 2	W. H. Benson, returned fee	15 00
" 22	C. H. Hollander & Sons, chairs and tables for May, 1903, examinations	33 25
" 22	A. S. Abell, advertisnt. May, 1903, exam.	7 35
" 22	Evening News Publishing Co., advertisement, May, 1903 ex	6 67
" 23	T. W. Biershing, printing	24 55
" 25	Chas. L. Owens, returned fee	15 00
" 25	Jos. S. Garrison, copies of med. law	8 00
" 26	D. M. Henderson, stationery for May, 1903, examination	26 40
" 28	Geo. A. Jennings, returned fee	15 00
June 1	B. W. Goldsborough, exam. services	39 90
" 1	E. J. Dirickson, ex. services	54 91
" 1	H. B. Thomas, " "	28 20
" 1	Eugene McE. Van Ness, examination, rent of hall, pay of detective, etc	144 85
" 3	Jesse J. Wright, returned fee	15 00
" 10	Court costs in Caspari and others, paid by Eugene McE. Van Ness	79 00
" 11	E. J. Dirickson, ex., bal. on acc't	100 00
" 11	J. McP. Scott, per diem and ex. to June 1, 1903, bal. on acc't	182 40
" 13	Geo. J. Preston, Chairman Committee on Library, contribution to library	100 00
" 29	Wm. H. Talbott, returned fee	15 00
" 29	Eugene McE. Van Ness, per diem	90 00
" 29	American Academy of Medicine, subscription to Bulletin	3 00
July 2	H. B. Thomas, bal. on per diem	90 00
" 2	W. W. Wiley, med. exam	102 10
" 2	C. F. Davidson, exam	109 80
" 4	B. W. Goldsborough, exam	70 00
" 6	F. B. Smith, exam	132 40
" 30	L. S. Savage, returned fee	15 00
" 30	Chas. Selden, returned fee	15 00
Aug. 10	Thos. S. Humphrey, returned fee	15 00
" 21	John W. Biershing, printing	9 00
" 25	J. McP. Scott, salary as Sec-Treas. to Jan. 1, 1903	500 00
	Forwarded	$2,076 78

Aug. 25—Amount brought forward	$2,076 78
" 29—John W. Biershing, printing	5 00
Sept. 12—John W. Biershing, bal. on postal card printing	33 05
Nov. 3—A. S. Abell Co., advertisement, Nov. 1903 exam	9 14
" 3—Evening News Publishing Co., advertisement, Nov. 1903 exam	6 09
" 13—John W. Biershing, printing envelopes and identification cards	13 50
" 17—James E. McCoy, returned fee	15 00
" 17—Chas. H. Zellner, returned fee	15 00
" 20—Gustave Caution, janitor	5 00
" 20—D. M. Henderson, stationery, November exam	9 00
" 21—U. A. Pollack, tables, November exam	11 25
Dec. 11—Edwin J. Dirickson, exam	107 83
" 12—E. McE. Van Ness, exam	97 60
" 24—B. W. Goldsborough, exam	86 00
" 24—W. W. Wiley, exam	19 00
" 26—James A. Stevens, exam	94 30
1904.	
Jan. 1—L. A. Griffith, exam	95 80
" 9—Franklin B. Smith, exam	59 30
" 16—John W. Biershing, envelopes & printing	1 75
Feb. 29—Walter H. Vinal, returned fee	15 00
March 12—Walter L. Nicholls, returned fee	15 00
" 28—H. K. Startzman, P. M., on account stamps for Baltimore list of registered physicians	15 00
" 29—J. McP. Scott, per diem and traveling expenses to date	121 05
" 29—J. McP. Scott, expenditures postage, telegrams, expressage, etc	51 68
April 5—S. Emory Clarke, for special directory work, preparing Baltimore city list	10 00
" 19—Chas. E. Kaylor, directing envelopes to Baltimore	3 00
" 20—Alex. Armstrong, Jr., abstracting medical laws	5 00
" 22—Ira W. Hayes, printing and covering 1,500 copies Annual Report	65 00
Forwarded	$3,061 12

Apr. 22—Amount brought forward.....	$3,061 12	
" 22—Ira W. Hays, printing 1,500 double page lists of Baltimore physicians, furnishing and printing envelopes.....	25 00	
		$3,086 12
By balance to close account.....		724 09
		$3,810 21
April 26, to cash balance.....		$ 724 09

CONSTITUTION AND BY-LAWS.

Adopted April 26th, 1904.

ARTICLE I.—NAME OF THE SOCIETY.

The name and title of this, the State Medical Society, shall be *The Medical and Chirurgical Faculty of the State of Maryland.*

ARTICLE II.—PURPOSES OF THE SOCIETY.

The purposes of this Faculty shall be to federate and bring into one compact organization the entire medical profession of the State of Maryland, and to unite with similar societies of other States to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition; and, to enlighten and direct public opinion, so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and cure of disease, and in prolonging and adding comfort to life.

ARTICLE III.—COMPONENT SOCIETIES.

The component societies of this Faculty are those county medical societies and the Baltimore City Medical Society, which hold charters from the Medical and Chirurgical Faculty of Maryland.

ARTICLE IV.—COMPOSITION OF THE FACULTY.

SECTION 1. This Faculty shall consist of Members, Honorary Members and Delegates.

SEC. 2. *Members.* The members of this Faculty shall be the members of the component medical societies.

SEC. 3. *Delegates.* Delegates shall be those members who are elected in accordance with this Constitution and By-Laws to represent their respective component societies in the House of Delegates of this Faculty.

SEC. 4. *Honorary Members.* The title of honorary member may be conferred upon any distinguished member of the Americal Medical Association, residing out of the State, or upon any distinguished foreign physician, upon recommendation of the Council.

SEC. 5. *Guests.* Any distinguished physician not a resident of this State who is a member of his own State Association may become a guest during any Annual Session on invitation of this Faculty, and shall be accorded the privilege of participating in all of the scientific work for that Session.

ARTICLE V.—HOUSE OF DELEGATES.

The House of Delegates shall be the legislative and business body of the Faculty, and shall consist of (1) Delegates elected by the Component Societies, (2) the Councilors, and (3) *ex officio,* the President, Secretary and Treasurer of this Faculty, and the Chairmen of the Board of Trustees and Library Committee.

ARTICLE VI.—COUNCIL.

The Council shall consist of the Councilors, and the President, Secretary and Treasurer, *ex-officio.* Besides its duties mentioned in the By-Laws, it shall constitute the Finance Committee of the House of Delegates. Five Councilors shall constitute a quorum.

ARTICLE VII.—SECTIONS AND DISTRICT SOCIETIES.

The House of Delegates may provide for a division of the scientific work of the Faculty into appropriate sections, and for the organization of such Councilor District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component societies.

ARTICLE VIII.—SESSIONS AND MEETINGS.

SECTION 1. The Annual Meeting of the Faculty shall be held in the City of Baltimore beginning on the fourth Tuesday of April, and Semi-annual Meetings may be called at such time and place as the Council may designate. During these meetings there shall be held daily General Sessions which shall be open to all registered members and guests.

SEC. 2. Special meetings of either the Faculty or the House of Delegates shall be called by the President or on petition of ten delegates or twenty members.

SEC. 3. *a.* For the promotion of its scientific work the Baltimore City Medical Society of the Faculty shall be divided into sections, as follows:

Sec. 1. Clinical Medicine, Pathology and Surgery.
Sec. 2. Obstetrics and Gynæology.
Sec. 3. Neurology and Psychiatry.
Sec. 4. Ophthalmology and Otology.
Sec. 5. Laryngology and Rhinology.

And as many more sections as may at any time be proposed in writing by ten members of that Society and approved by a vote of three-fourths of the members present at a stated meeting.

b. Each section shall elect its own officers annually and establish regulations for its own government, not repugnant to the Constitution and By-Laws of the Faculty; each section being subordinate to the Faculty in all matters wherein the latter shall be concerned.

c. Any member of the Faculty may elect to attend as many of the sections as he desires; but in order to be enrolled and receive notices of said section meetings, he shall register his name with the Secretary of each of such sections.

ARTICLE IX.—OFFICERS.

The officers of this Faculty shall be a President, three Vice-Presidents, a Secretary, a Treasurer, a Board of ten Trustees, a State Board of Medical Examiners, as provided by law, and eleven Councilors who shall be chosen as fol-

lows: two from the Eastern Shore, four from the Western Shore, outside of Baltimore City, and five from Baltimore City.

SEC. 2. The officers shall be elected annually as hereinafter provided. The President shall appoint the first Councilors, to serve for one year, or until their successors are elected. The terms of the elected Councilors shall be for three years, those first elected serving one, two and three years, as may be determined by lot. The House of Delegates shall nominate to the Faculty the members of the Board of Medical Examiners. The members of the Board of Medical Examiners shall be elected by said Faculty in accordance with the provisions of the State law. All of these officers shall serve until their successors are elected and installed.

SEC. 3. The officers of this Faculty shall be elected by the House of Delegates on the morning of the last day of the Annual Session. No person shall be elected to any office who has not been a member of the Faculty for the preceding two years and paid his dues in full.

ARTICLE X.—RECIPROCITY OF MEMBERSHIP WITH OTHER STATE SOCIETIES.

In order to broaden professional fellowship this Faculty may arrange with other State Medical Associations for interchange of certificates of membership, so that members moving from one State to another may avoid the formality of re-election.

ARTICLE XI.—FUNDS AND EXPENSES.

Funds shall be raised by a *per capita* assessment on each component society. The amount of the assessment shall be $2.00 *per capita per annum* for members of the County Societies and $6.00 for members of the Baltimore City Medical Society. Funds may also be raised by voluntary contributions, from the sale of the Faculty's publications, and in any other manner approved by the House of Delegates. Funds may be appropriated by the House of Delegates to defray the expenses of the Faculty, for publications,

and for such other purposes as will promote the welfare of the profession. All resolutions appropriating funds must be referred to the Finance Committee for its approval, by at least a two-thirds vote of said Committee, before action is taken thereon.

ARTICLE XII.—REFERENDUM.

SECTION 1. A General Meeting of the Faculty may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered the House of Delegates shall submit such question to the members of the Faculty, who may vote by mail or in person, and, if the members voting shall comprise a majority of all the members of the Faculty, a majority of such vote cast shall determine the question and be binding on the House of Delegates.

SEC. 2. The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

ARTICLE XIII.—THE SEAL.

The Faculty shall have a common seal, with power to break, change or renew the same at pleasure.

ARTICLE XIV.—AMENDMENTS.

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the Delegates present at any Annual Session, provided that such amendment shall have been presented in open meeting at the previous annual or semi-annual session, and that it shall have been sent officially to each component society at least two months before the meeting at which final action is to be taken.

BY-LAWS.

Chapter I.—Membership.

Section 1. The members of this Faculty shall be the members of the component medical societies.

Sec. 2. No person who is under sentence of suspension or expulsion from a component society, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or benefits of this Faculty, or be permitted to take part in any of its proceedings until he has been relieved of such disability.

Sec. 3. Each member in attendance at the Sessions of the Faculty shall register his name on the registration book, indicating the component society of which he is a member. No member shall take part in any of the proceedings of any session until he has complied with the provisions of this section.

Chapter II.—Trustees.

Section 1. The Board of Trustees, as at present constituted, shall continue in office and, as heretofore, one member shall retire annually and one be elected annually for ten years. They shall have authority to fill vacancies in said Board caused by death or resignation until the next annual election. The management and disposal of the property of the Faculty shall be vested in them subject to the approval of the Faculty. They shall have access to the documents of the Faculty in the care of the Secretary, collect all rents, and pay over to the Treasurer of the Faculty any surplus after the sale of any property, and after the payment of any expenses legally charged against said property.

Sec. 2. They shall elect annually from their membership a Chairman, Secretary and Treasurer. They shall at the annual meeting, through their proper officers, render in writing, a report to the House of Delegates of the Faculty, giving the value of the buildings and indebtedness, if any, on the same, and a financial statement of their receipts and expenditures during the past fiscal year.

CHAPTER III.—GENERAL MEETINGS.

SECTION 1. All registered members may attend and participate in the proceedings and discussions of the General Meetings. The General Meetings shall be presided over by the President or one of the Vice-Presidents, and at such meetings shall be delivered the address of the President and the orations.

SEC. 2. The General Meeting may recommend to the House of Delegates the appointment of Committees or Commissions for scientific investigation of special interest and importance to the profession and public.

CHAPTER IV.—HOUSE OF DELEGATES.

SECTION 1. The House of Delegates shall meet at 2 P. M. on the day fixed as the first day of the meeting of the Faculty. It may adjourn from time to time as may be necessary to complete its business, provided, that its hours shall conflict as little as possible with the General Meetings. The House of Delegates shall meet for the first time at 11 A. M. on the 27th of April, 1904. The order of business shall be arranged as a separate section of the program.

SEC. 2. Each component society shall be entitled to send to the House of Delegates each year one delegate for every fifty members, and one for each major fraction thereof, but each component society which has made its annual report and paid its assessment as provided in this Constitution and By-Laws, shall be entitled to at least one delegate.

SEC. 3. Ten members of the House of Delegates shall constitute a quorum.

SEC. 4. It shall, through its officers, Council and otherwise, give diligent attention to and foster the scientific work and spirit of the Faculty.

SEC. 5. It shall make careful inquiry into the condition of the profession of each county in the State, and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall

systematically endeavor to promote friendly intercourse among physicians of the same locality.

SEC. 6. It shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body.

SEC. 7. It shall, upon application, provide and issue charters to county societies organized in conformity with the spirit of this Constitution and By-Laws.

SEC. 8. It shall divide the State into Councilor Districts, specifying what counties each district shall include, and, when the best interest of the Faculty and profession will be promoted thereby, organize in each a district medical society, and all members of component societies, and no others, shall be members of district societies. When so organized, from the Presidents of such district societies shall be chosen the Vice-Presidents of this Faculty, and the presidents of the county societies of the district shall be vice-presidents of such district societies.

SEC. 9. It shall have authority to appoint committees for special purposes from among members of the Faculty who are not members of the House of Delegates. Such Committees shall report to the House of Delegates, and may be present and participate in the debate on their reports.

CHAPTER V.—ELECTION OF OFFICERS.

SECTION 1. All elections shall be by ballot, and a plurality of the votes cast shall constitute an election.

SEC. 2. The election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the morning of the last day of the General Session.

CHAPTER VI.—DUTIES OF OFFICERS.

SECTION 1. The President shall preside at all meetings of the Faculty and of the House of Delegates; shall appoint all Committees not otherwise provided for; he shall deliver an annual address at such time as may be arranged by the Committee on scientific Work; and he shall preserve order,

enforce the observance of the Constitution and By-Laws and give the casting vote in all cases of equal division.

SEC. 2. The Vice-Presidents shall assist the President in the discharge of his duties. In the event of the President's death, resignation or removal, the Council shall select one of the Vice-Presidents to succeed him.

SEC. 3. The Secretary shall attend all the General Meetings of the Faculty and the Meetings of the House of Delegates, and shall keep minutes of their respective proceedings in separate record books. He shall be *ex-officio* Secretary of the Council. He shall be custodian of all record books and papers belonging to the Faculty, except such as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer all funds of the Faculty which come into his hands. He shall provide for the registration of the members and delegates at all Sessions. He shall, with the cooperation of the secretaries of the component societies, keep a card-index register of all the legal practitioners of the State by counties, noting on each his status in relation to his county society, and, on request, shall transmit a copy of this list to the American Medical Association. He shall aid the councilors in the organization and improvement of the County Societies and in the extension of the power and usefulness of this Faculty. He shall conduct the official correspondence notifying members of meetings, officers of their election and Committees of their appointment and duties. He shall employ such assistants as may be ordered by the House of Delegates, and shall make an annual report to the House of Delegates. He shall supply each component society with the necessary blanks for making their annual reports, shall keep an account with the component societies charging against each society its assessment, collect the same, and at once turn it over to the Treasurer. Acting with the Committee on Scientific Work, he shall prepare and issue all programs. The amount of his salary shall be fixed by the Council.

SEC, 4. He may appoint one or more members of the Faculty in good standing as Assistant Secretaries, to whom he may allot the duties usually pertaining to those of Assistant, Corresponding and Reporting Secretary, the names

of said appointees to be announced previous to the adjournment of the annual convention. The tenure of office of those appointees to be at the pleasure of the Secretary.

SEC. 5. The Treasurer shall give bond in the sum of $2,500.00, the premium on which shall be paid by the Faculty. He shall demand and receive all funds due the Faculty, together with the bequests and donations. He shall pay money out of the Treasury only on a written order of the President, countersigned by the Secretary; he shall subject his accounts to such examination as the House of Delegates may order, and he shall annually render to the House of Delegates an account of his doings and of the state of the funds in his hands. He shall pay the vouchers of the Library Committee not to exceed the amount of the annual appropriation made by the House of Delegates for the support of the library.

CHAPTER VII.—COUNCIL.

SECTION 1. The Council shall meet on the day preceding the Annual Session, and daily during the Session, and at such other times as necessity may require, subject to call of the Chairman, or on petition of three Councilors. It shall meet on the last day of the Annual Session of the Faculty to organize and outline work for the ensuing year. It shall elect a chairman from its own membership, and a clerk, who, in the absence of the Secretary of the Faculty, shall keep a record of its proceedings. It shall, through its chairman, make an annual report to the House of Delegates.

SEC. 2. Each Councilor shall be organizer and Censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exist. He shall make an annual report of his work and of the condition of the profession of each county in his district at the Annual Session of the House of Delegates.

SEC. 3. The Council shall be the Board of Censors of the Faculty. It shall consider all questions involving the rights and standing of members, whether in relation to other members, to the component societies, or to this Faculty. All

questions of an ethical nature brought before the House of Delegates or the General Meeting shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members of component societies on which an appeal is taken from the decision of an individual Councilor, and its decision in all such matters shall be final.

SEC. 4. In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies to be suitably designated so as to distinguish them from district societies, and these societies, when organized and chartered, shall be entitled to all rights and privileges provided for component societies.

SEC. 5. The Council shall provide for and superintend the publication and distribution of all proceedings, transactions and memoirs of the Faculty and shall have authority to appoint an editor and such assistants as it deems necessary. All money received by the Council and its agents, resulting from the discharge of the duties assigned to them, must be paid to the Treasurer of the Faculty. As the Finance Committee, it shall annually audit the accounts of the Treasurer and Secretary and other agents of this Faculty and present a statement of the same in its annual report to the House of Delegates, which report shall specify also the character and cost of all the publications of the Faculty during the year, and the amount of all other property belonging to the Faculty under its control, with such suggestions as it shall deem necessary. In the event of a vacancy in the office of the Secretary, or the Treasurer, the Council shall fill the vacancy until the next annual election.

It shall, as the Finance Committee, recommend the amount of money to be appropriated by the House of Delegates for the use of the Library Committee from itemized estimates submitted by the *out-going* Library Committee at the previous annual meeting.

CHAPTER VIII.—COMMITTES.

SECTION 1. The standing committees, who shall be elected by the House of Delegates, shall be as follows:—

A Committee on Scientific Work.

A Committee on Public Policy and Legislation.

A Committee of Arrangements.

A Library Committee, and such other standing committees as may be necessary.

SEC. 2. The Committee on Scientific Work shall consist of three members, of which the Secretary shall be one, and shall determine the character and scope of the scientific proceedings of the Faculty for each session, subject to the instructions of the House of Delegates. Fifteen days previous to each session it shall prepare and issue a program announcing the order in which papers, discussions and other business shall be presented.

SEC. 3. The Committee on Public Policy and Legislation shall consist of three members and the President and Secretary. Under the direction of the House of Delegates it shall represent the Faculty in securing and enforcing legislation in the interest of public health and of scientific medicine.

SEC. 4. The Committee of Arrangements shall provide suitable accommodations for the meeting places of the Faculty and of the House of Delegates, and of their respective Committees, and shall have general charge of all the arrangements. Its chairman shall report an outline of the arrangements to the Secretary, at least twenty days before the date of meeting, for publication in the Program, and shall make additional announcements during the session as occasion may require.

SEC. 5. The Library Committee, as early as possible after the adjournment of each Annual Meeting, shall appoint a librarian, who shall, during April of each year, make a written report for the Committee. It shall have full charge of the Library, subject to such rules as the House of Delegates may adopt and shall select and purchase books and journals with the funds appropriated by the House of Delegates for that purpose. At each Annual Meeting this Committee shall submit a report of its transactions to the House of Delegates and shall include therein an itemized estimate of anticipated expenses for the following year.

CHAPTER IX.—COMPONENT SOCIETIES.

SECTION 1. All county societies and the Baltimore City Medical Society, when they have adopted principles of

organization in conformity with this Constitution and By-Laws, shall, on application, receive a charter from and become a component part of this Faculty.

SEC. 2. Charters shall be issued only upon approval of the Council or House of Delegates and shall be signed by the President and Secretary of this Faculty. The Council or the House of Delegates shall have authority to revoke the charter of any component society whose actions are in conflict with the letter or spirit of this Constitution and By-Laws, after due investigation and determination.

SEC. 3. Only one component medical society shall be chartered in any county or in the city of Baltimore.

SEC. 4. Each component society shall judge of the qualification of its own members, but, as such societies are the only portals to this Faculty and to the American Medical Association, every reputable and legally registered physician who does not practice or claim to practice or lend his support to, any exclusive system of medicine, shall be eligible for membership.

SEC. 5. When a member in good standing in a component society moves to another county in this State, his name on request, shall be transferred without cost to the roster of the county society into whose jurisdiction he moves.

SEC. 6. A physician living near a county line may hold his membership in that county most convenient for him to attend, on permission of the Society in whose jurisdiction he resides.

SEC. 7. At some meeting in advance of the Annual Session of this Faculty, each component society shall elect a delegate to represent it in the House of Delegates of this Faculty in the proportion of one delegate to each fifty members or major fraction thereof, and the Secretary of the Society shall send a list of such delegates to the Secretary of this Faculty at least ten days before the Annual Session.

SEC. 8. The Secretary of each component society shall keep a roster of its members and also a list of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in the State, and such other information as may be deemed necessary. In keeping such roster the Secretary shall note any changes in the personnel

of the profession by death, or by removal to or from the county, and in making his annual report he shall account for every physician who has lived in the county during the year.

SEC. 9. The Secretary of each component society shall forward its assessment, together with its roster of officers and members, list of delegates, and list of non-affiliated physicians of the county to the Secretary of this Faculty each year ten days before the Annual Session.

SEC. 10. Any component society which fails to pay its assessment, or make the report required, on or before the date named in Section 10 shall be held as suspended, and delegates of such delinquent societies shall not be permitted to participate in the proceedings of the House of Delegates until such requirements shall have been met.

CHAPTER X.—MISCELLANEOUS.

SECTION 1. No address or paper before the Faculty, except those of the President and orator, shall occupy more than twenty minutes in its delivery; and no member shall speak longer than five minutes, nor more than once on any subject except by unanimous consent.

SEC. 2. All papers read before the Faculty shall become its property and a copy of each paper shall be deposited with the Secretary when read.

SEC. 3. The deliberations of this Faculty shall be governed by parliamentary usage as contained in Roberts' Rules of Order, when not in conflict with this Constitution and By-Laws.

SEC. 4. A motion to refer to the House of Delegates any subject, resolution or memorial, which has been presented to the general meeting of the Faculty, shall not be debatable.

SEC. 5. The principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relations to each other and the public.

CHAPTER XI.—AMENDMENTS.

These By-Laws may be amended at any Annual Meeting by a majority vote of all the delegates present at that session, after the amendment has laid on the table for one day.

RULES FOR THE GOVERNMENT OF THE LIBRARY.

Adopted May 27, 1903.

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1. The Library shall be open daily, except Sunday and legal holidays, from 10 A. M. until 10 P. M., from September 15 to June 15; and from 9 A. M. until 7 P. M. during the summer months, except for the month of August, when it shall be closed at 2 P. M.

II. Each member of the Faculty, paying the annual dues, shall be entitled to take out at one time, four volumes duodecimo, two volumes octavo, one volume quarto or one volume folio, of recent publications, and any reasonable number of old books and bound journals. This rule may be suspended by the written order of three members of the Library Committee.

III. City members retaining books longer than *two weeks* and county members longer than *four weeks,* shall be subject to a fine of two cents per day for each day thereafter and two cents for each mailed notice. Such fines shall be appropriated exclusively for the benefit of the Library. No member shall be allowed to hold a book by paying the fine if application has been made for same by another.

IV. No book shall be delivered to a member unless in person or to his written order. A member receiving a book shall be held responsible for it from the time of its delivery until its return to the Library. Strangers and students are cordially welcomed, but if extended use of the Library is desired are requested to present an introduction, and may not borrow books except upon the written order of a member.

V. A member not returning a book or books belonging to the Library within one week after the time allowed in Rule III, shall be notified *by the Librarian* that he is incurring a fine; and if they be not returned within one month, in the absence of satisfactory reasons therefor, the Librarian shall recover them, or, if they be lost, their value in behalf of the Faculty; otherwise the defaulting member shall forfeit the privileges of the Library, and shall be reported at the next annual convention of the Faculty by the Library Committee. Should any book be injured or defaced while in the possession of a member, he shall be fined at the discretion of the Library Committee, or, at his option, may furnish such a copy of the same work as shall be acceptable to the Committee.

VI. If any member, upon returning a book, shall find that there has been no application for it while in his possession, he may take it again for the time allowed in Rule III, subject to recall by messenger, but may not take it out a third time until after the expiration of one week succeeding its return to the Library. New books may not be taken by members for more than one term of two weeks until after the expiration of one additional week after their term.

VII. Members are not entitled to receive books from the Library until all arrearages for fines are paid. Fines may be remitted or reduced, for just and sufficient reasons, by the Library Committee.

VIII. The Librarian shall appropriately number and stamp the books, pamphlets and periodicals, and place them in proper order on the shelves. He shall obtain and keep a correct list of the members paying the annual dues. He shall record, in a book kept for that purpose, the names of members who receive books from the Library, the author and title of same, the date of their delivery and of their return. He shall continue the catalogue of the books, pamphlets, periodicals, etc.; keep an account of all moneys received by him for fines, contributions, sales, etc.; which moneys he shall account for annually to the Chairman of the Library Committee. He shall report, after the 15th of April, each year to the Library Committee, a statement of such donations of money, or of books, as may have been

made to the Library, with the names of the donors, as well as of such books, pamphlets, periodicals, or of other valuable matter, as may have come into the possession of the Library by purchase, exchange or otherwise. He shall keep a record of all books, periodicals, etc., upon the subscription list of the Library Committee, shall keep due record of their receipt at the proper time, and shall report to the Library Committee the non-receipt of any when overdue. He shall keep on file applications for such books as may have been let out of the Library, and make any suggestion to the Committee he may deem necessary.

IX. Under no circumstances will members be permitted to remove new books, etc., from the Library until they have been on the new book shelf three months. No unbound numbers of current journals may be taken from the library.

X. Scarce and valuable books, which would be difficult to replace, are marked with an asterisk (*) and may not be removed from the Library rooms without the approbation of two members of the Library Committee.

XI. The Librarian is empowered to sell or exchange duplicate books, journals, etc., upon such terms as may appear advantageous, upon the approval of the Library Committee.

HONORARY MEMBERS.

Billings, John S., 32 E. 31st St., New York.
Chadwick, James R., Boston, Mass.
Chaillé, Stanford E., New Orleans, La.
Cheever, David W., 557 Boylston St., Boston, Mass.
Cohen, S. Solis, Philadelphia, Pa.
Councilman, Wm. T., Boston, Mass.
Deaver, John B., Philadelphia, Pa.
Fitz, Reginald H., Boston, Mass.
Flexner, Simon, Philadelphia, Pa.
Johnson, Joseph Tabor, Washington, D. C.
Keen, W. W., Philadelphia, Pa.
Lange, Frederick, 130 E. 61st St., New York.
Mallett, John W., University of Virginia.
Mitchell, S. Weir, Philadelphia, Pa.
Schweinitz, George E. de, Philadelphia, Pa.
Starr, M. Allen, New York.
Tyson, James, Philadelphia, Pa.

LIST OF PRESIDENTS—1799—1904.

Upton Scott—1799-1801.
Philip Thomas—1801-15.
Ennalls Martin—1815-20.
Robert Moore—1820-26.
Robert Goldsborough—1826-36.
Maxwell McDowell—1836-41.
Joel Hopkins—1841-48.
Richard Sprigg Steuart—1848-49.
Peregrine Wroth—1849-50.
Richard Sprigg Steuart—1850-51.
William W. Handy—1851-52.
Michael S. Baer—1852-53.
John L. Yeates—1853-54.
John Fonerden—1854-55.
Jacob Baer—1855-56.
Christopher C. Cox—1856-57.
Joshua I. Cohen—1857-58.
Joel Hopkins—1858-59.
Geo. C. M. Roberts—1859-70.
John R. W. Dunbar—1870.
Nathan R. Smith—1870-72.
P. C. Williams—1872-73.
Charles H. Ohr—1873-1874.
Henry M. Wilson—1874-1875.
John F. Monmonier—1875-76.
Christopher Johnston—1876-77.

Abram B. Arnold—1877-78.
Samuel P. Smith—1878-79.
Samuel C. Chew—1879-80.
H. P. C. Wilson—1880-81.
Frank Donaldson—1881-82
William M. Kemp—1882-83.
Richard McSherry—1883-84.
Thomas S. Latimer—1884-85.
John R. Quinan—1885-86.
George W. Miltenberger—1886-87.
I. Edmondson Atkinson—1887-88.
John Morris—1888-89.
Aaron Friedenwald—1889-1890.
Thomas A. Ashby—1890-91.
Wm. H. Welch—1891-92.
L. McLane Tiffany—1892-93.
George H. Rohé—1893-94.
Robert W. Johnson—1894-95.
J. Edwin Michael—1895.
Charles G. Hill—1895-96.
William Osler—1896-97.
Charles M. Ellis—1897-98.
Samuel C. Chew—1898-99.
Clotworthy Birnie—1899-1900.
Samuel Theobald—1900-01.
J. McPherson Scott—1901-02.
Wm. T. Howard—1902-03.
Eugene F. Cordell—1903-04.
Edward N. Brush—1904-05.

LIST OF VICE PRESIDENTS.

1799-1848— .....
1848-49—John Readel, Jacob Baer, P. Wroth.
1850-51—Joel Hopkins, P. Wroth, Jacob Fisher.
1851-53—.....
1853-54—John Fonerden, Albert Ritchie, P. Wroth.
1854-55—Geo. C. M. Roberts, Samuel P. Smith, Joel Hopkins.
1855-56—Geo. C. M. Roberts, G. W. Miltenberger, M. Diffenderffer.
1856-57—P. Wroth, Wm. H. Davis, Samuel Smith.
1857-58—William Waters, Frederick Dorsey, Joel Hopkins.
1858-59—Samuel Chew, Stephen N. C. White, Samuel K. Handy.
1859-63—John R. W. Dunbar, Samuel Chew, Wm. M. Kemp.
1863-71—John R. W. Dunbar, Wm. M. Kemp, John C. Hopkins.
1871-72—C. H. Ohr, Edward Warren, Richard McSherry.
1872-73— .....
1873-74—S. C. Chew, H. M. Wilson, A. B. Arnold.
1874-75—Francis T. Miles, Jas. A. Steuart, D. A. O'Donnell.
1875-76—Christopher Johnston, A. B. Arnold, J. C. Thomas.

1876-77—P. C. Williams, Jas A. Steuart, Francis T. Miles.
1877-78—S. C. Chew, F. E. Chatard, Chas. H. Jones.
1878-79—Jas. C. Thomas, L. McLane Tiffany.
1879-80—H. P. C. Wilson, Jas. A. Steuart.
1880-81—L. McLane Tiffany, G. Ellis Porter.
1881-82—A. H. Bayly, I. E. Atkinson.
1882-83—Thomas S. Latimer, Richard McSherry.
1883-84—W. Stump Forward, J. S. Lynch.
1884-85—John R. Quinan, I. E. Atkinson.
1885-86—E. C. Baldwin, J. E. Michael.
1886-87—Thomas Opie, Richard Gundry.
1887-88—Charles H. Jones, Jas. Carey Thomas.
1888-89—J. E. Michael, Thos. P. Evans.
1889-90—T. A. Ashby, C. G. W. Macgill.
1890-91—Geo. H. Rohé, J. McPherson Scott.
1891-92—J. W. Humrichouse, David Streett.
1892-93—J. W. Downey, J. W. Chambers.
1893-94—John D. Blake, John S. Fulton.
1894-95—Charles H. Jones, W. M. Nihiser.
1895-96—Chas. G. Hill, Clotworthy Birnie.
1896-97—Wilmer Brinton, Randolph Winslow.
1897-98—W. F. A. Kemp, George J. Preston.
1898-99—Mary Sherwood, J. McPherson Scott.
1899-00—Samuel Theobald, David Streett.
1900-01—Samuel T. Earle, Jr., J. B. R. Purnell.
1901-02—Harry Friedenwald, B. W. Goldsborough.
1902-03—Samuel T. Earle, Jr., Wilmer Brinton.
1903-04—Franklin B. Smith, James M. Craighill.
1904-05—Samuel T. Earle, Jr., D. C. R. Miller, Julius A. Johnson.

ACTIVE MEMBERS.

*Means not organized.

*ALLEGHANY COUNTY MEDICAL SOCIETY.

Boucher, S. A., Barton.
Broadrup, Geo. L., Cumberland.
Claybrook, Edwin B., Cumberland.
Cromwell, B. M., Eckhart Mines.
Doerner, John A., Cumberland.
Duke, Edgar T., Cumberland.
Hawkins, Arthur H., Cumberland.
Porter, Minor Gibson, Lonaconing.
Price, James Marshall, Frostburg.
Skilling, W. Q., Lonaconing.
Spear, J. M., Cumberland.
Ullrich, J. Harry, Cumberland.
Wailes, Henry Stevenson, Cumberland.
Wiley, W. W., Cumberland.
Wilson, J. Jones, Cumberland.
Zacharias, John Forney, Cumberland.

ANNE ARUNDEL COUNTY MEDICAL SOCIETY.

Anderson, S. H., Woodwardville.
Brayshaw, T. H., Glen Burnie.
Brooke, Charles H., Brooklyn.
Claude, W. C., Annapolis.
Davidson, B. R., Davidsonville.
DuBois, J. W., Gambrills.
Gantt, H. B., Millersville.
Henkel, C. B., Annapolis.
Latimer, G. W., West River.
Marchand, G. E., Annapolis.

Thompson, F. H., Annapolis.
Tuck, W. G., Annapolis.
Walton, H. R., Annapolis.
Welch, W. S., Annapolis.
Wells, Geo., Annapolis.
Williams, E., Armiger.
Winterson, C. R., Elkridge.

BALTIMORE CITY MEDICAL SOCIETY.

Abel, John J., Station L (Charles Street Avenue).
Abercrombie, John R., 827 N. Eutaw Street.
Adams, F. B., 2124 St. Paul Street.
Adams, James F., 819 Park Avenue, Baltimore.
Adler, Harry, 1804 Madison Avenue, Baltimore.
Algire, Harry C., 340 Roland Avenue., Baltimore.
Allen, L. M., 814 Park Avenue, Baltimore.
Amberg, Samuel, 1302 Madison Avenue, Baltimore.
Andre, J. Ridgway, 1123 E. Baltimore Street, Baltimore.
Aronsohn, T. Abraham, 1601 Linden Avenue, Baltimore.
Arthur, Harry H., 1516 Lexington Street, Baltimore.
Ashby, Thomas A., 1125 Madison Avenue, Baltimore.
Athey, Caleb N., 2 Hudson Street extended, Baltimore.
Atkinson, A. Duval, 21 W. Chase Street, Baltimore.
Atkinson, I. E., 609 Cathedral Street, Baltimore.
Baer, Wm. Stevenson, 714 Park Avenue, Baltimore.
Ballard, Edwin Kemp, 1622 Mt. Royal Avenue, Baltimore.
Baltzell, Wm. Hewson, 805 St. Paul Street, Baltimore.
Barnes, Wm. M., 1525 W. Lanvale Street, Baltimore.
Barrett, Arthur G., 1631 Madison Avenue, Baltimore.
Baxley, Henry M., 1126 W. North Avenue, Baltimore.
Beck, Harvey G., 214 E. Preston Street, Baltimore.
Belt, S. J., 314 N. Exeter Street, Baltimore.
Berkley, Harry J., 1305 Park Avenue, Baltimore.
Bernstein, Ed. J., 1511 Madison Avenue, Baltimore.
Bevan, C. Fred., 807 Cathedral Street, Baltimore.
Biedler, H. H., 119 W. Saratoga Street, Baltimore.
Bishop, John S., 1122 Madison Avenue, Baltimore.
Blake, Charles F., 1503 E. Baltimore Street, Baltimore.
Blake, John D., 1014 W. Lafayette Avenue, Baltimore.
Bloodgood, Jos. C., 923 N. Charles Street, Baltimore.

Blum, Joseph, 1816 Madison Avenue, Baltimore.
Bolgiano, Walton, 2020 N. Charles Street, Baltimore.
Bolton, John H., 1201 N. Broadway, Baltimore.
Bombaugh, Charles C., 836 Park Avenue, Baltimore.
Bond, A. Kerr, 803 Park Avenue, Baltimore.
Bond, J. A., 518 Park Avenue, Baltimore.
Bond, S. B., 6 W. Read Street, Baltimore.
Booker, W. D., 208 W. Monument Street, Baltimore.
Bordley, James, Jr., 10 E. Mt. Royal Avenue, Baltimore.
Bosley, James, 1101 W. Lanvale Street, Baltimore.
Boyd, Harry, 602 Columbia Avenue, Baltimore.
Brack, Charles Emil, Jr., 500 E. 20th Street, Baltimore.
Branham, J. H., 2200 Eutaw Place, Baltimore.
Branin, Charles N., 402 Hanover Street, Baltimore.
Bressler, Frank C., 1713 Bank Street, Baltimore.
Brewster, Joseph Hall, 2414 Maryland Avenue, Baltimore.
Brinton, Wilmer, 1232 N. Calvert Street, Baltimore.
Brown, Francis E., 926 Eager Street, Baltimore.
Brown, H. Diston, 702 Gorsuch Avenue, Waverly.
Brown, Thomas Richardson, 1033 Cathedral St., Baltimore.
Browne, B. B., 510 Park Avenue, Baltimore.
Browne, Jennie Nicholson, 510 Park Avenue, Baltimore.
Bubert, Charles H., 1928 Pennsylvania Avenue, Baltimore.
Buck, Jeffries, 1127 N. Caroline Street, Baltimore.
Buckler, Humphrey Warren, 806 Cathedral St., Baltimore.
Buckler, Thomas H., 807 St. Paul Street, Baltimore.
Buckner, C. F., 301 W. Lanvale Street, Baltimore.
Butler, John DeC., 1809 N. Charles Street, Baltimore.
Cairnes, George H., 21 W. 25th Street, Baltimore.
Cannon, Thomas Harris, 401 N. Fulton Avenue, Baltimore.
Carpenter, Frances A., 521 Hanover Street, Baltimore.
Carroll, J. J., 114 W. Franklin Street, Baltimore.
Caruthers, Fred., 2229 E. Baltimore Street, Baltimore.
Cathell, D. W., 1308 N. Charles Street, Baltimore.
Cathell, W. T., 1308 N. Charles Street, Baltimore.
Chambers, Albert T., 614 S. Paca Street, Baltimore.
Chambers, John W., 18 W. Franklin Street, Baltimore.
Chatard, J. A., 113 W. Lanvale Street, Baltimore.
Chew, Samuel C., 215 W. Lanvale Street, Baltimore.
Chisolm, Frank M., 114 W. Franklin Street, Baltimore.

Chunn, W. P., 1023 Madison Avenue, Baltimore.
Claggett, J. E., 108 S. Eutaw Street, Baltimore.
Clewell, A. A., 1741 Harford Avenue, Baltimore.
Cohen, Lee, 1622 Madison Avenue, Baltimore.
Cole, J. W., 735 N. Fulton Avenue, Baltimore.
Cole, Rufus I., Johns Hopkins Hospital, Baltimore.
Cone, Claribel, 1616 Eutaw Place, Baltimore.
Cone, Sydney M., 821 Park Avenue, Baltimore.
Conradi, Frederick A., 212 S. Ann Street, Baltimore.
Conser, Charles Carlisle, 1424 N. Fulton Ave., Baltimore.
Cook, Carlton M., 1061 Myrtle Avenue, Baltimore.
Cooke, Theodore, 914 N. Charles Street, Baltimore.
Cooke, Theodore, Jr., 1808 N. Charles Street, Baltimore.
Cordell, E. F., 855 N. Eutaw St., Baltimore.
Cotton, Albertus, 1119 E. Baltimore Street, Baltimore.
Craig, Philip Eugene, 1026 Edmondson Avenue, Baltimore.
Craighill, James M., 1730 N. Charles Street, Baltimore.
Cromwell, M. J., 516 Park Avenue, Baltimore.
Crouch, J. F., 412 Cathedral Street, Baltimore.
Cullen, Thomas S., 3 W. Preston Street, Baltimore.
Cushing, Harvey W., 3 W. Franklin Street, Baltimore.
Dabney, William Minor, 806 Cathedral Street, Baltimore.
Dashiell, N. L., 2340 Madison Avenue, Baltimore.
Dausch, P. G., 121 Jackson Place, Baltimore.
Davis, John Staige, 1215 Cathedral Street, Baltimore.
Davis, S. G., 1230 Light Street, Baltimore.
Dawson, Percy M., 109 N. Broadway, Baltimore.
Deetjen, Christian, 21 W. Franklin Street, Baltimore.
Demarco, Salvatore, 1604 Linden Avenue, Baltimore.
Dill, P. G., 1324 W. Lombard Street, Baltimore.
Dobbin, Geo. W., 56 W. Biddle Street, Baltimore.
Dobyns, Frederick, 304 W. Fayette St., Baltimore.
Dohme, Gustavus Charles, 1808 Guilford Ave., Baltimore.
Douglas, Eugene, 830 W. North Avenue, Baltimore.
Dunott, Daniel Z., 1802 N. Charles Street, Baltimore.
Earle, Samuel T., Jr., 1431 Linden Avenue, Baltimore.
Eastman, Lewis Machen, Jr., 2024 Maryland Ave., Balto.
Edmunds, Page, 630 N. Gilmor Street, Baltimore.
Eilau, E. W., 1908 Madison Avenue, Baltimore.
Emerson, Charles P., Johns Hopkins Hospital, Baltimore.

Erich, Louise, 613 Park Avenue, Baltimore.
Feddeman, Wm. H., 102 Chestnut Avenue, Baltimore.
Fenby, Edwin B., 1219 N. Caroline Street, Baltimore.
Finney, J. M. T., 1300 Eutaw Place, Baltimore.
Fisher, J. S., 10 E. Read Street, Baltimore.
Fisher, William Alex. Jr., 8 W. Mt. Vernon Pl., Baltimore.
Fiske, John D., 102 N. Gay Street, Baltimore.
Fitzhugh, Henry Maynadier, 211 W. Madison St., Balto.
Fleming, Geo. A., 1018 Madison Ave., Baltimore.
Flinder, Harris C., 143 N. Front Street, Baltimore.
Ford, Wm. W., 209 E. Mt. Royal Avenue, Baltimore.
Forien, Wm. F., 3609 Falls Road, Baltimore.
Frames, W. W., 701 Cathedral Street, Baltimore.
France, Joseph I., 1311 N. Charles Street, Baltimore.
Franks, H. Lee, 1228 S. Charles St., Baltimore.
Freedom, Adolph G., 411 Sharp Street, Baltimore.
Freeman, Elmer B., 621 Columbia Ave., Baltimore.
Friedenwald, Harry, 1029 Madison Avenue, Baltimore.
Friedenwald, Julius, 7. W. Franklin St., Baltimore.
Fulton, John S., 1925 St. Paul St., Baltimore.
Funck, J. W., 1631 Eutaw Place, Baltimore.
Futcher, Thomas Barnes, 3 W. Franklin St., Baltimore.
Gabriel, Calvin N., 222 E. 23rd Street, Baltimore.
Gaither, Abram B., 527 N. Charles Street, Baltimore.
Gale, Henry E., 260 W. Hoffman Street, Baltimore.
Gamble, Cary B., Jr., 26 W. Biddle St., Baltimore.
Gardner, Isaac H., 333 N. Gilmor Street, Baltimore.
Gardner, Wm. S., 6 W. Preston Street, Baltimore.
Gately, Joseph Edward, 111 S. Broadway, Baltimore.
Gavin, Frank D., The Church Home and Infirmary, Balto.
Getz, Charles, 1111 W. Lanvale Street, Baltimore.
Gibbons, E. E., 1102 W. Lafayette Avenue, Baltimore.
Gibbs, E. C., 316 E. North Avenue, Baltimore.
Gichner, Joseph E., 2102 Madison Avenue, Baltimore.
Gilchrist, T. Casper, 317 N. Charles St., Baltimore.
Girdwood, John, 1811 E. Baltimore St., Baltimore.
Goldsborough, Francis C., 924 St. Paul Street, Baltimore.
Gombel, W. G., 835 W. Fayette Street, Baltimore.
Gorsuch, H. Kepler, 207 N. Liberty Street, Baltimore.
Gorter, N. R., 1 W. Biddle Street, Baltimore.

Green, Wm., 1124 N. Charles Street, Baltimore.
Grimes, S. Butler, 714 Reservoir Street, Baltimore.
Grimes, J. H., 114 E. 21st Street, Baltimore.
Gross, Harry, 1340 S. Charles Street, Baltimore.
Grove, B. F., 1302 N. Caroline Street, Baltimore.
Gundry, Alfred T., 917 Frederick Avenue ext., Baltimore.
Hadel, Albert K., 209 W. Madison Street, Baltimore.
Hall, Reverdy M., 1019 Druid Hill Avenue, Baltimore.
Hall, Wm. S., 849 Park Avenue, Baltimore.
Halstead, Wm. S., 1201 Eutaw Place, Baltimore.
Hamburger, Louis P., 1210 Eutaw Place, Baltimore.
Hamman, Louis V., 21 W. Franklin Street, Baltimore.
Hardcastle, Hughlett, 513 Cathedral Street, Baltimore.
Harlan, Herbert, 516 Cathedral Street., Baltimore.
Harris, John C., 773 W. Lexington Street, Baltimore.
Harrison, Archibald C., 3 W. North Avenue, Baltimore.
Hartman, George A., 1121 N. Caroline Street, Baltimore.
Hartman, Jacob H., 5 W. Franklin Street, Baltimore.
Hayden, Benjamin S., 408 N. Exeter Street, Baltimore.
Hayden, H. H., 1425 Light Street, Baltimore.
Hebb, Arthur, 2011 E. Pratt St., Baltimore.
Heggie, Norman McLeod, 513 Cathedral St., Baltimore.
Hemmeter, John C., 1734 Linden Avenue, Baltimore.
Hempel, J. Fred, 1103 Valley Street, Baltimore.
Herman, Nathan, 1708 Madison Avenue, Baltimore.
Herring, Arthur P., 2112 McCulloh Street, Baltimore.
Hinkel, Henry John, 412 W. Fayette Street, Baltimore.
Hirsh, José L., 1819 Linden Avenue, Baltimore.
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Hodges, Jesse C., Franklin Square Hospital, Baltimore.
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Hoopes, Fannie E., 906 Calvert Street, Baltimore.
Hopkinson, B. M., 1423 Bolton Street, Baltimore.
Horn, August, 732 W. Mulberry Street, Baltimore.
Houlton, S. S., W. North Avenue, near 12th St., Baltimore.
Howard, Wm. Lee, 1126 N. Calvert Street, Baltimore.
Howard, Wm. T., 804 Madison Avenue, Baltimore.
Howell, William H., 232 W. Lanvale Street, Baltimore.
Hubbard, A. George, 2106 W. Baltimore St., Baltimore.

Huck, John G., 647 W. Lafayette Avenue, Baltimore.
Hundley, J. M., 1009 Cathedral Street, Baltimore.
Hunner, Guy LeRoy, 1420 Eutaw Place, Baltimore.
Hurd, Henry M., Johns Hopkins Hospital, Baltimore.
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Ingle, J. L., 1007 W. Lanvale Street, Baltimore.
Jacobs, Henry Barton, 11 W. Mt. Vernon Place, Baltimore.
Jay, John G., 869 Park Avenue, Baltimore.
Jenkins, Felix, 400 Cathedral Street, Baltimore.
Johnson, Robert W., 101 W. Franklin St., Baltimore.
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Johnston, Samuel, 204 W. Monument Street, Baltimore.
Jones, C. Hampson, 2515 St. Paul Street, Baltimore.
Josephson, Joseph C., 230 S. Bond Street, Baltimore.
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Kahn, Samuel, 1510 E. Fort Avenue, Baltimore.
Keirle, N. G., 1419 W. Lexington Street, Baltimore.
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Kennard, Henry Waters, 1222 Mt. Royal Ave., Baltimore.
Keown, T. W., 1938 Linden Avenue, Baltimore.
King, J. T., 640 N. Carrollton Ave., Baltimore.
Kintzing, Pearce, 1818 N. Charles Street, Baltimore.
Kirby, Francis J., 1807 N. Charles Street, Baltimore.
Knapp, Hubert Clement, 1214 E. Preston St., Baltimore
Knight, Louis W., 414 N. Greene Street, Baltimore.
Knipp, Harry E., 1002 W. Lanvale Street, Baltimore.
Knorr, Ernest A., 1727 W. Lombard Street, Baltimore.
Knox, James Hall Mason, Jr., 804 Cathedral St., Baltimore.
Krozer, John J. R., 662 W. Lexington Street, Baltimore.
LaBarre, John Pollard, 1903 W. North Avenue, Baltimore.
Lang, John F., 933 W. Fayette Street, Baltimore.
Larned, Charles W., 1327 Park Avenue, Baltimore.
Latimer, Caroline, 25 W. Chase Street, Baltimore.
Latimer, Thomas S., 211 W. Monument Street, Baltimore.
Lehnert, Ernest Charles, 1419 E. Eager Street, Baltimore.
Lehr, Louis C., 5 W. Chase Street, Baltimore.

Lewis, Howard D., 1309 Myrtle Avenue, Baltimore.
Lewis, Wm. M., 1220 Linden Avenue, Baltimore.
Likes, Sylvan H., 26 W. Franklin Street, Baltimore.
Linthicum, G. Milton, 1820 N. Charles Street, Baltimore.
Litsinger, G. M., 212 W. Franklin Street, Baltimore.
Lockard, G. Carroll, 1700 W. Lafayette Avenue, Baltimore.
Lockwood, Wm. F., 8 E. Eager Street, Baltimore.
Lord, J. Williams, 1011 N. Charles Street, Baltimore.
Luetscher, J. A., 1105 Madison Avenue, Baltimore.
Lumpkin, T. M., 602 S. Paca St., Baltimore.
MacCallum, W. G., Johns Hopkins Hospital, Baltimore.
MacCalman, Duncan, cor. Fremont and Fayette Sts., Balto.
McAvoy, M. J., 839 S. Canton Street, Baltimore.
McCleary, Standish, 1609 Linden Avenue, Baltimore.
McConachie, A. D., 805 N. Charles Street, Baltimore.
McCormick, Thomas P., 1421 Eutaw Place, Baltimore.
McCrae, Thomas, Johns Hopkins Hospital, Baltimore.
McDevitt, Ed. P., 208 Aisquith Street, Baltimore.
McDonald, Wm. B., 1305 Linden Avenue, Baltimore.
McDowell, Charles C., 1521 W. Fayette St., Baltimore.
McElfresh, Charles W., 854 W. Lombard St., Baltimore.
McGlannan, Alexius, 2005 Madison Avenue, Baltimore.
McNeer, Richard L., 1227 N. Calvert Street, Baltimore.
McSherry, H. C., 209 W. Franklin Street, Baltimore.
Mackenzie, E. E., 1339 W. North Avenue, Baltimore.
Mackenzie, John N., 605 N. Charles Street, Baltimore.
Magruder, W. Edward, 922 Madison Avenue, Baltimore.
Marshall, Harry Taylor, 213 W. Lanvale Street, Baltimore.
Martin, Frank, 1000 Cathedral Street, Baltimore.
Mayer, A. H. Albert, 1618 Madison Avenue, Baltimore.
Mellus, Edward L., 10 E. Chase Street, Baltimore.
Merrick, Samuel K., 843 N. Eutaw Street, Baltimore.
Messick, Wm. J., 639 Dolphin Street, Baltimore.
Micheau, Ellis, 411 S. Sharp Street, Baltimore.
Milbourne, Leander B., 16 S. Gilmor Street, Baltimore.
Milholland, E. V., 115 W. Franklin Street, Baltimore.
Miller, William E., 2239 Pennsylvania Avenue, Baltimore.
Mills, James J., 853 Park Avenue, Baltimore.
Miltenberger, G. W., 319 W. Monument St., Baltimore.
Mitchell, Charles W., 1002 Cathedral Street, Baltimore.

Mitchell, George W., 913 N. Broadway, Baltimore.
Mitnick, J. H., 23 N. Broadway, Baltimore.
Morgan, Wilbur P., 315 W. Monument Street, Baltimore.
Morton, James Cook, 638 N. Gilmor Street, Baltimore.
Moseley, Wm. E., 301 W. Monument St., Baltimore.
Moyer, Frank G., 1119 E. Baltimore Street, Baltimore.
Muñoz, Edmund A., 1801 Guilford Avenue, Baltimore.
Murdock, Russell, 410 Cathedral St., Baltimore.
Muse, Bernard P., 1002 Edmondson Avenue, Baltimore.
Muse, Joseph E., 855 Columbia Avenue, Baltimore.
Neale, L. Ernest, 108 E. Read Street, Baltimore.
Neer, Charles S., 619 S. Patterson Park Avenue, Baltimore.
Neff, John, 701 N. Carrollton Avenue, Baltimore.
Nolen, Charles F., 114 W. Franklin Street, Baltimore.
Norment, R. B., 3543 Chestnut Avenue, Baltimore.
O'Donovan, Charles, 10 E. Read Street, Baltimore.
Ohle, H. C., 1203 W. Fayette Street, Baltimore.
Opie, Eugene L., 859 Park Avenue, Baltimore.
Opie, Thomas, 1031 Cathedral Street, Baltimore.
Orem, F. Strattner, 848 W. North Avenue, Baltimore.
Osler, William, 1 W. Franklin Street, Baltimore.
Owings, Edward R., 1621 Linden Avenue, Baltimore.
Page, Isham R., 1206 Linden Avenue, Baltimore.
Pancoast, Omar Borton, 1500 Madison Avenue, Baltimore.
Parlett, Edgar Merryman, 1805 Park Avenue, Baltimore.
Paton, Stewart, 213 W. Monument Street, Baltimore.
Pearce, Wilbur M., 1238 Greenmount Avenue, Baltimore.
Pearce, William H., 2105 N. Charles Street, Baltimore.
Pearson, Frank W., 333 N. Charles Street, Baltimore.
Penning, O. P., 101 E. Lanvale Street, Baltimore.
Pennington, John I., 1716 Linden Avenue, Baltimore.
Penrose, Clement A., 21 W. Mt. Royal Avenue, Baltimore.
Perry, W. B., 1301 Madison Avenue, Baltimore.
Peterman, Harry E., 649 W. Franklin St., Baltimore.
Platt, Walter B., 802 Cathedral Street, Baltimore.
Pleasants, Jacob Hall, Jr., 1110 N. Charles St., Baltimore.
Plummer, Edward, 539 N. Fulton Avenue, Baltimore.
Pole, A. C., 2038 Madison Avenue, Baltimore.
Pollack, Flora, 112 W. Mt. Royal Avenue, Baltimore.
Potter, Charles Henry, 1526 Bolton Street, Baltimore.

Pound, John C., 1300 W. Lombard Street, Baltimore.
Powell, Alfred H., 805 Park Avenue, Baltimore.
Preston, George J., 819 N. Charles St., Baltimore.
Purdum, H. D., Bay View Asylum, Baltimore.
Randolph, Robert L., 816 Park Avenue, Baltimore.
Reeder, J. Dawson, 1625 Edmondson Avenue, Baltimore.
Rehberger, J. H., 1709 Aliceanna Street, Baltimore.
Reiche, P. H., 906 Gorsuch Avenue, Baltimore.
Reid, E. Miller, 904 N. Fremont Avenue, Baltimore.
Reik, A. J. N., 412 Cathedral Street, Baltimore.
Reik, Henry O., 412 Cathedral Street, Baltimore.
Reinhard, Ferd., 1400 Linden Avenue, Baltimore.
Reinhardt, Otto M., 1017 S. Charles Street, Baltimore.
Rennolds, H. T., 2004 St. Paul Street, Baltimore.
Requardt, W. W., 829 N. Eutaw Street, Baltimore.
Reuling, George, 103 W. Monument Street, Baltimore
Reuling, Robert, 103 W. Monument Street, Baltimore.
Reynolds, George B., 809 N. Charles Street, Baltimore.
Richardson, Hubert, 819 Park Avenue, Baltimore.
Richardson, T. L., 211 W. 25th Street, Baltimore.
Riely, Compton, 2000 N. Charles Street, Baltimore.
Ries, A. Ferdinand, 213 S. Bond Street, Baltimore.
Riley, Charles H., 1113 Madison Avenue, Baltimore.
Riley, William T., 1639 Broadway, Baltimore.
Roach, Joseph, 611 Park Avenue, Baltimore.
Roberts, Wm. M., 1116 St. Paul Street, Baltimore.
Robinson, I. P., 346 E. 22nd Street, Baltimore.
Robinson, J. H., 726 E. Preston Street, Baltimore.
Rohrer, C. W. G., 344 N. Charles Street, Baltimore.
Rosenheim, Sylvan, 1630 Madison Avenue, Baltimore.
Rosenthal, Lewis J., 1626 Linden Avenue, Baltimore.
Rosenthal, Melvin, 211 W. Franklin Street, Baltimore.
Rowland, J. M. H., 1204 Madison Avenue, Baltimore.
Ruhräh, John, 839 N. Eutaw Street, Baltimore.
Russell Elijah J., 307 N. Broadway, Baltimore.
Russell, W. W., 423 N. Howard St., Baltimore.
Sadtler, Charles E., 1800 Bolton Street, Baltimore.
Samuels, A., 2038 McCulloh Street, Baltimore.
Sampson, John A., Johns Hopkins Hospital, Baltimore.
Sandrock, W. C., 1242 N. Broadway, Baltimore.

Sanger, Frank Dyer, 525 N. Charles Street, Baltimore.
Savage, Moses M., 1121 E. Baltimore Street, Baltimore.
Savin, T. Littleton, 1349 York Road, Baltimore.
Schaefer, Otto, 951 Madison Avenue, Baltimore.
Schild, Edward Henry, 449 E. 22nd Street, Baltimore.
Schuessler, Frank W., 1013 S. Canton Street, Baltimore.
Schwatka, John B., 1003 N. Broadway, Baltimore.
Seegar, J. K. B. E., 1529 Park Avenue, Baltimore.
Seligman, Jos. A., 905 W. North Avenue, Baltimore.
Sellman, W. A. B., 5 E. Biddle Street, Baltimore.
Shannon, George C., 1442 Presstman Street, Baltimore.
Shelly, Albert, 3528 Chestnut Avenue, Baltimore.
Sherwood, Mary, 1320 N. Charles Street, Baltimore.
Shippen, C. C., 603 N. Charles Street, Baltimore.
Simmons, Horace M., 1706 Park Avenue, Baltimore.
Simon, Charles E., 1302 Madison Avenue, Baltimore.
Singewald, Albert G., 103 S. Broadway, Baltimore.
Singewald, Edward M., 5 N. Washington Street, Baltimore.
Skillman, Wilbur F., 1304 W. Lafayette Avenue, Baltimore.
Smith, C. Urban, 1928 Madison Avenue, Baltimore.
Smith, E. A., 1605 W. North Avenue, Baltimore.
Smith, Frank R., 1126 Cathedral Street, Baltimore.
Smith, Henry Lee, 2511 St. Paul St., Baltimore.
Smith, J. Holmes, 27 W. Preston Street, Baltimore.
Smith, Joseph T., The Cecil, Eutaw Street, Baltimore.
Smith, R. Percy, 921 N. Charles Street, Baltimore.
Smith, Wm. H., Bay View Asylum, Baltimore.
Smith, Wm. S., 520 Hanover Street, Baltimore.
Spear, Irving, 650 Columbia Avenue, Baltimore.
Spruill, St. Clair, 1002 Cathedral Street, Baltimore.
Steenken, Charles D., 935 Madison Avenue, Baltimore.
Steuart, C. C., 122 W. 23rd Street, Baltimore.
Steuart, George Hume, 122 W. 23rd Street, Baltimore.
Stokes, Wm. R., 1639 N. Calvert Street, Baltimore.
Streett, David, 712 Park Avenue, Baltimore.
Strobel, Edgar R., 37 E. North Avenue, Baltimore.
Sudler, Wright S., Bay View Asylum, Baltimore.
Talbott, Thomas J., 2505 Pennsylvania Avenue, Baltimore.
Taneyhill, G. Lane, 1103 Madison Avenue, Baltimore.
Tannar, Frederick N., 317 N. Carrollton Ave., Baltimore.

Tarun, William, 613 Park Avenue, Baltimore.
Taylor, R. Tunstall, 2000 N. Charles Street, Baltimore.
Thalwitzer, Marie E., 814 W. Fayette Street, Baltimore.
Thayer, W. S., 406 Cathedral Street, Baltimore.
Theobald, Samuel, 304 W. Monument Street, Baltimore.
Thiede, Gustav A., 705 N. Carrollton Avenue, Baltimore.
Thomas, H. B., 1007 Cathedral Street, Baltimore.
Thomas, H. M., 1228 Madison Avenue, Baltimore.
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Thornton, Jessie M., 115 W. Barre Street, Baltimore.
Tiffany, L. McLane, 831 Park Avenue, Baltimore.
Tilghman, Charles H., 831 N. Eutaw Street, Baltimore.
Tinsley, Alexander, 2102 St. Paul Street, Baltimore.
Todd, Martillus L., 1202 E. Monument Street, Baltimore.
Tompkins, John Almy, 905 Cathedral Street, Baltimore.
Townsend, W. Guy, 1900 Maryland Avenue, Baltimore.
Trimble, I. R., 8 W. Madison Street, Baltimore.
Turner, John, Jr., 1814 N. Charles St., Baltimore.
Uhler, John R., 661 W. Fayette Street, Baltimore.
Ullrich, S. S., 11 N. Carey Street, Baltimore.
Ulman, Solomon J., 1725 Park Avenue, Baltimore.
Underhill, Albert J., 1822 N. Charles Street, Baltimore.
Urquhart, Richard A., 849 Park Avenue, Baltimore.
VanBibber, Claude, 9 E. Read Street, Baltimore.
Van Ness, Eugene McE., 1631 Park Avenue, Baltimore.
Voeglein, Mary F., 1028 Valley Street, Baltimore.
Waldkoenig, C., 603 S. Sharp St., Baltimore.
Walker, George, Charles and Centre Streets, Baltimore.
Walter, Milton R., 1013 Madison Avenue, Baltimore.
Warfield, Mactier, 15 W. Franklin Street, Baltimore.
Warfield, Ridgely B., 845 Park Avenue, Baltimore.
Warner, Robert A., 873 W. Lombard Street, Baltimore.
Waters, Mary A., 1711 Madison Avenue, Baltimore.
Watson, A. G., 1301 N. Central Avenue, Baltimore.
Watson, Wm. T., 5 W. Preston Street, Baltimore.
Wegefarth, Arthur, 1207 E. Monument St., Baltimore.
Wegefarth, George C., 520 N. Charles Street, Baltimore.
Welch, E. Giddings, 607 N. Charles Street, Baltimore.
Welch, Wm. H., 935 St. Paul Street, Baltimore.
Welsh, Lilian, The Arundel, Baltimore.

Wheeler, E. Miles, 2129 W. North Avenue, Baltimore.
White, W. W., 1101 N. Broadway, Baltimore.
White, Walter Walton, Jr., 1101 N. Broadway, Baltimore.
White, William Kelso, University Hospital, Baltimore.
Whitehead, Alfred, 1121 E. Baltimore Street, Baltimore.
Whitney, E. L., 1105 Linden Avenue, Baltimore.
Whitridge, Andrew H., 840 Park Avenue, Baltimore.
Whitridge, William, 829 N. Charles Street, Baltimore.
Wholey, Cornelius C., 855 Park Avenue, Baltimore.
Wiegand, W. E., 1011 Madison Avenue, Baltimore.
Wilcox, Frank W., 647 N. Calhoun Street, Baltimore.
Wilkins, George L., 6 N. Broadway, Baltimore.
Williams, J. Whitridge, 1128 Cathedral Street, Baltimore.
Wilson, Gordon, 806 Cathedral Street, Baltimore.
Wilson, H. M., 1008 Madison Avenue, Baltimore.
Wilson, L. Ridgeley, 1735 Hollins Street, Baltimore.
Wilson, P. B., Jr., 1742 Druid Hill Avenue, Baltimore.
Wilson, Robert T., 820 Park Avenue, Baltimore.
Wilson, T. R. W., 406 E. Lafayette Avenue, Baltimore.
Wiltshire, James G., 819 N. Eutaw Street, Baltimore.
Winslow, John R., 114 W. Franklin Street, Baltimore.
Winslow, Randolph, 1900 Mt. Royal Terrace, Baltimore.
Winternitz, Louis C., 257 S. Eden Street, Baltimore.
Wise, Edward M., 706 N. Howard Street. Baltimore.
Wolf, W. B., 13 W. Franklin Street, Baltimore.
Woods, Hiram, Jr., 842 Park Avenue, Baltimore.
Worthington, T. Chew, 1022 Madison Avenue, Baltimore.
Young, Hugh Hampton, 1005 N. Charles Street, Baltimore.
Zepp, James Albert, 3050 W. North Avenue, Baltimore.

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Coggins, Jesse C., Catonsville.

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Corse, W. D., Gardenville.
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Hill Charles I., Arlington.
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Jarrett, J. H., Towson.
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Price, Marshall Langton, Towson.
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Slade, H. M., Reisterstown.
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Smith, W. S., Rider.
Stevenson, H. Burton, Rider.
Stirling, W. Millard, Shane.
Todd, W. J., Mt. Washington.
Wade, J. Percy, Catonsville.
West, M. B., Catonsville.
White, W. R., Catonsville.
Whiteley, Benj., Catonsville.
Wilson, James H., Fowblesburg.
Winterode, Robert W., Catonsville.
Woodward, James S., Sparrow's Point.
Wyse, W. P. E., Pikesville.

CALVERT COUNTY MEDICAL SOCIETY.

Bird, Samuel R., Williams.
Briscoe, Philip, Mutual.
Chambers, Geo. F., Bertha.
Chaney, Thomas M., Chaney.
Hinman, Ellsworth H., Lower Marlboro.
King, Isaac N., Barstow.
Leitch, J. W., Huntingtown.
Marsh, W. H., Solomon's Island.
Paddy, Estep, Barstow.
Williams, A. J., Barstow.

*CAROLINE COUNTY MEDICAL SOCIETY.

Galloway, Geo. F., Federalsburg.
Malone, Fred. R., Greensborough.

CARROLL COUNTY MEDICAL SOCIETY.

Billingslea, James H., Westminster.
Birnie, Clotworthy, Taneytown.
Bromwell, J. E., Mt. Airy.
Brooks, F. T., Marston.

Brown, G. H., New Windsor.
Carey, Charles J., Sykesville.
Clarke, Joseph Clement, Sykesville.
Foutz, Chas. R., Westminster.
Garney, J. Harry, Taneytown.
Gaver, W. E., Mt. Airy.
Hering, Jos. T., Westminster.
Mathias, John S., Westminster.
Morris, John N., Sykesville.
Norris, M. D., Eldersburg.
Rinehart, Jacob, Frizellburg.
Sprecher, Daniel B., Sykesville.
Stewart, J. J., Union Mills.
Waters, Somerset R., Watersville.
Weaver, J. F. B., Manchester.
Winterson, G. Craggs, New Windsor.
Ziegler, John S., Melrose.

CECIL COUNTY MEDICAL SOCIETY.

Black, R. M., Cecilton.
Bratton, Howard, Elkton.
Bromwell, R. E., Port Deposit.
Cawley, Wm. D., Elkton.
Clemson, Harry E., Port Deposit.
Dare, George S., Rising Sun.
Donohoo, H. C., Port Deposit.
Ellis, Chas. M., Elkton.
Fisher, S. Groome, Jr., Port Deposit.
Gifford, D. L., Perryville.
Jamar, John H., Elkton.
Jenness, John H., Rising Sun.
Mitchell, H. Arthur, Elkton.
Roman, Samuel T., Conowingo.
Stump, George M., Perryville.
Taylor, L. George, Perryville.
Wallace, Joseph V., Chesapeake City.
Whitaker, James S., Cherry Hill.
Wright, Jesse J., Warwick.

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Monroe, Geo. Ovelton, Waldorf.
Speake, Samuel H., Grayton.
Spencer, Ernest, Bel Alton.

DORCHESTER COUNTY MEDICAL SOCIETY.

Goldsborough, Brice W., Cambridge.
Hitch, Victor E., East New Market.
Hitch, Wm. S., Cambridge.
Houston, Wm. Humes, Fishing Creek.
Jones, E. A. P., Crapp.
Jones, Edw. L., East New Market.
Linthicum, R. L., Church Creek.
Mace, John, Cambridge.
Myers, G. Roger, Hurlock.
Price, R. J., Vienna.
Shriver, Jos. K., Jr., Taylor's Island.
Smith, Benj. L., Madison.
Steele, Guy, Cambridge.
Steeves, J. W., Cambridge.
Stokes, Sydney A., Cambridge.
Williams, Thos. W., Cambridge.
Wolff, Eldridge Eakin, Cambridge.

FREDERICK COUNTY MEDICAL SOCIETY.

Annan, Robert L., Emmittsburg.
Beall, Ira H., Libertytown.
Beatty, J. E., Middletown.
Beckley, E. L., Middletown.
Birely, M. A., Thurmont.
Boone, Hon. Jeringham, Buckeystown.
Brawner, J. B., Emmittsburg.
Browning, Ralph, Myersville.
Claggett, Samuel L., Petersville.
Conley, Charles H., Adamstown.
Crum, C. W. R., Jefferson.
Downey, J. W., New Market.

Devilbiss, D. M., Woodville.
Fahrney, H. P., Frederick.
Getzendanner, H. F., Frederick.
Getzendanner, J. W. Myersville.
Goldsborough, Charles W., Walkersville.
Haffner, S. S., Frederick.
Hammond, R. H., Woodsboro.
Hardy, T. E., Burkettsville.
Hedges, H. Slicer, Brunswick.
Hopkins, H. H., New Market.
Hopkins, H. H., Jr., New Market.
Horine, A. G., Brunswick.
Johnson, T. B., Adamstown.
Johnson, Wm. C., Frederick.
Kable, Wm. H., Woodsboro.
Lamar, A. A., Middletown.
Lieb, Jos. H., Mt. Pleasant.
Ligget, Jno. J., Ladiesburg.
Long, W. A., Frederick.
McCurdy, Ira J., Frederick.
McKinney, D. F., Frederick.
Maynard, S. Sollers, Frederick.
Miller, T. E. R., Lewistown.
Mullinix, E. E., Urbana.
Neighbors, E. D., Lewistown.
Rether, C. S., Brunswick.
Riggs, Geo. H., Ijamsville.
Routson, T. C., Buckeystown.
Sappington, R. C., Frederick.
Sappington, T. C., Buckeystown.
Sappington, T. P., Unionville.
Schiltneck, C. U., Burkettsville.
Sidwell, F. H., Johnsville.
Sim, J. T. Libertytown.
Smith, A. J., Wolfsville.
Smith, F. B., Frederick.
Stone, D. E., Mt. Pleasant.
Stone, D. E., Jr., Emmittsburg.
Stone, O. B., Libertytown.
Thomas, S. F., Frederick.

Trapnell, R. W., Point of Rocks.
Wachter, H. E., Sabillasville.
Wagner, Wm. H., Woodsboro.
West, Levin, Brunswick.
Whitehill, Maximus, Unionville.
Yourtee, George, Burkettsville.
Zimmerman, M. J., Walkersville.

GARRETT COUNTY MEDICAL SOCIETY.

Bartlett, E. H., Oakland.
Bevans, H. L., Grantsville.
Boyer, H. R., Accident.
Drinkwater, W. G., Gorman, W. Va.
Hinebaugh, Mahlon C., Oakland.
Kemp, H. M., Bloomington.
Legge, J. E., Oakland.
Londerbaugh, F. B., Grantsville.
Loughlin, J. W., Oakland.
Mason, A. J., Friendsville.
Ravenscroft, R. A., Accident.
Ravenscroft, W. H., Oakland.
Selby, J. G., Eglan, W. Va.

*HARFORD COUNTY MEDICAL SOCIETY.

Archer, W. S., Belair.
Emory, Thomas H., Taylor.
Page, Robert Stevens, Belair.
Richardson, E. Hall, Belair.
Smith, R. H., Havre de Grace.
Smith, Wm. L., Jarrettsville.
Van Bibber, Armfield F., Belair.

HOWARD COUNTY MEDICAL SOCIETY.

Byrne, B. J., Ellicott City.
Cissel, W. W. L., Highland.
Eareckson, Wm. R., Elkridge.
Fort, Samuel, J., Ellicott City.
Gambrill, Wm. B., Alberton.

Hebb, John W., West Friendship.
Lacy, John W., Lisbon.
Linthicum, Thos. W., Savage.
Nichols, S. A., Dayton.
Owings, L. Gillis, Ellicott City.
Owings, Thomas B., Ellicott City.
Rogers, J. M. B., Ellicott City.
Tongue, Harrison, Elkridge.
Williams, Arthur, Elkridge.
Winterson, Chas. A., Elkridge.

KENT COUNTY MEDICAL SOCIETY.

Barwick, G. Irwin, Kennedyville.
Clark, E. G., Millington.
Gowman, C. P., Millington.
Hessey, John H., Hanesville.
Hines, W. F., Chestertown.
Kelly, J. Horton, Still Pond.
Maxwell, W. S., Still Pond.
Scott, Edward A. Galena.
Selby, Walter O., Rock Hall.
Simpers, H. G., Chestertown.
Smith, Frank W., Chestertown.
Willson, T. B., Edesville.

MONTGOMERY COUNTY MEDICAL SOCIETY.

Anderson, Edward, Rockville.
Brooke, Roger, Sandy Spring.
Chappell, J. W. Tenley, District of Columbia.
Deets, James E., Clarksburg.
Dyson, Vernon H., Laytonsville.
Elgin, W. F., Bethesda.
Etchison, E. C., Gaithersburg.
Farquhar, C., Olney.
Haddox, Horace B., Gaithersburg.
Jones, Eugene, Kensington.
Lewis, John Latané, Bethesda.
Lewis, Wm. L., Kensington.

Linthicum, Otis M., Rockville.
Magruder, W. E., Sandy Spring.
Muncaster, S. B., Rockville.
Nourse, U. D., Dawsonville.
Portman, Adelaide E., Chevy Chase.
Pratt, W. T., Potomac.
Simpers, I. Newton, Germantown.
Stabler, Augustus, Brighton.
Stonesville, J. Harris, Barnesville.

PRINCE GEORGE COUNTY MEDICAL SOCIETY.

Coe, John A., T. B.
Cronmiller, John, Laurel.
Duvall, John M., Springfield.
Etienne, A. O., Berwyn.
Eversfield, W. O., College Park.
Fox, Chas. A., Beltsville.
Gibbons, Wm. H., Croom.
Griffith, L. A., Upper Marlboro.
Humes, M. D., Upper Marlboro.
Huntt, Jos. R., Laurel.
Latimer, M. R., Aquasco.
Nally, Harry, Occokeek. .
Owens, G. F., Upper Marlboro.
Perry, V. S., Hyattsville.
Postley, Chas. E., Hyattsville.
Richardson, G. A., Hyattsville.
Ryon, Nelson A., Bowie.
Sasscer, Reverdy, Upper Marlboro.
Sansbury, John E., Forestville.
Stuart, Geo. C., Oxen Hill.
Taylor, W. F., Laurel.
Waring, John L., Clinton.
Wells, Chas. A., Hyattsville.

QUEEN ANNE'S COUNTY MEDICAL SOCIETY.

Adams, Wilmer, Queenstown.
Bordley, James, Centreville.
Cockey, Chas., Queenstown.

Coppage, Wm. G., Church Hill.
Corkran, J. M., Centreville.
Dudley, Norman S., Church Hill.
Fenby, Walter B., Ruthsburg.
Graham, Jas. E., Ingleside.
Gregory, Geo. W., Ford's Store.
Henry, Wm. T., Kent Island.
Hopkins, Howard R., Queenstown.
Kemp, R. Percy, Stevensville.
Sudler, A. E., Sudlersville.
Sudler, Foster, Sudlersville.
Weedon, J. H. W. G., Church Hill.

ST. MARY'S COUNTY MEDICAL SOCIETY.

Dent, Walter B., Oakley.
Greenwell, F. F., Leonardtown.
Hodgdon, Alex. L., Pearson P. O.
King, Joseph O., Oakville.
Lynch, Thomas, Leonardtown.
Morgan, Zachariah R., Mechanicsville.
Palmer, Robert Vickery, Palmer's.
Shermantine, Robt. W., California.
Tippett, L. M., Ridge.

SOMERSET COUNTY MEDICAL SOCIETY.

Alexander, H. G., Deal's Island.
Atkinson, G. T., Crisfield.
Collins, C. E., Crisfield.
Coulbourne, W. H., Crisfield.
Dickinson, Geo. E., Upper Fairmount.
Fisher, Chas. T., Princess Anne.
Goldsborough, M. W., Princess Anne.
Hall, Wm. F., Crisfield.
Hoyt, Ralph L., Oriole.
Smith, J. T., Princess Anne.
Somers, J. F., Crisfield.
Wainwright, Chas. W., Princess Anne.
Windsor, Samuel J., Dames Quarter.

TALBOT COUNTY MEDICAL SOCIETY.

Chaplain, James S., Trappe.
Davidson, Chas. F., Easton.
Dodson, R., St. Michaels.
Garrison, Jas. S., Easton.
Johnson, J. A., Easton.
McCormick, James L., Trappe.
Merritt, Jas. B., Easton.
Rose, Chas. H., Cordova.
Seth, Joseph B., St. Michaels.
Seymour, Wm. S., Trappe.
Stelle, J., Cordova.
Stevens, J. A., Oxford.
Travers, P. L., Easton.
Trippe, E. R., Easton.
Trippe, Samuel C., Royal Oak.
Wilson, S. Kennedy, Tilghman.

WASHINGTON COUNTY MEDICAL SOCIETY.

Baker, C. D., Rohrersville.
Bishop, E. Tracy, Smithsburg.
Boose, Theo. B., Williamsport.
Davies, S. S., Boonsboro.
Derr, H. K., Hagerstown.
Foster, H. C., Clearspring.
Gaines, John M., Hagerstown.
Gardner, S. H., Sharpsburg.
Herman, H. S., Hagerstown.
Humrichouse, J. W., Hagerstown.
Keller, L. H., Hagerstown.
Laughlin, Mary, Hagerstown.
McCauley, Chas., Hagerstown.
Maisch, A. C., Hagerstown.
Mason, A. S., Hagerstown.
Mason, Chas. T., Clearspring.
Miller, D. C. R., Mason and Dixon, Pa.
Miller, Victor D., Jr., Hagerstown.
Miller, Wm. Preston, Hagerstown.
Morrison, Wm. B., Hagerstown.
Nihiser, W. M., Keedysville.

Perry, John P., Clearspring.
Pittsnogle, J. E., Hagerstown.
Ragan, O. H. W., Hagerstown.
Reichard, V. M., Fairplay.
Richardson, W. S., Williamsport.
Scheller, Christian K., Hagerstown.
Schindel, E. M., Hagerstown.
Scott, J. McPherson, Hagerstown.
Scott, N. B., Hagerstown.
Shank, A., Clearspring.
Simmons, Thos. W., Hagerstown.
Snively, J. K., Williamsport.
Steck, J. M., Smithsburg.
Wade, J. H., Boonsboro.
Wareham, E. A., Hagerstown.
Wheeler, W. C., Boonsboro.
Willson, S. K., Boonsboro.
Wishard, J. H., Leitersburg.

WICOMICO COUNTY MEDICAL SOCIETY.

Dashiell, W. W., Quantico.
Dick, J. McFadden, Salisbury.
Freeny, G. W., Pittsville.
Freeny, L., Salisbury.
Humphreys, G. W., Salisbury.
Lankford, James, Bivalve.
Long, J. I. T., Allen.
Morris, Louis W., Salisbury.
Slemons, F. M., Salisbury.
Todd, G. W., Salisbury.
Townsend, F. J., Sharptown.
Truitt, Chas., Salisbury.
Truitt, G. W., Parsonburg.
Tull, H. C., Nanticoke.
Wilson, Lewis W., Mardela Springs.

WORCESTER COUNTY MEDICAL SOCIETY.

Aydelotte, John S., Snow Hill.
Bennum, Chas. H., Girdletree.
Costen, Isaac Thomas, Pocomoke City.
Dickerson, John D., Stockton.
Dirickson, Cyrus W., Berlin.
Dirickson, Edwin J., Berlin.
Hall, R. Lee, Pocomoke City.
Jones, Paul, Snow Hill.
Purnell, J. B. R., Snow Hill.
Quinn, Samuel S., Pocomoke City.
Tyndell, Ira C., Wholeyville.
White, Wm. W., Whiton.

NON-RESIDENT MEMBERS.

Barrow, Bernard, Barrow's Store, Va.
Blaisdell, W. S., Punxsatawney, Pa.
Dorsey, Reuben M., Spartanburg, S. C.
Greenly, Thomas W., Loon Lake House, Loon Lake, N. Y.
Gwyn, Matthew K., Jolo, Manila, P. I.
Hardcastle, Jerome H., Middletown, Del.
Hartman, Geo. J., Muskegon, Michigan.
Hunt, Reid, 1223 M St., N. W., Washington, D. C.
Lloyd, Thomas P., Galveston, Tex.
McKee, Alexander, Sandy Hill, N. Y.
McKim, Smith Hollins, Irvington-on-Hudson, N. Y.
Matthews, A. A., Spokane, Washington.
Miller, Harold B., Box 604, Alliance, Nebraska.
Muncaster, S. B., 907 16th St., Washington, D. C.
Ramsay, Otto G., New Haven, Conn.
Robins, Morris C., 2006 First Ave., Spokane, Washington.
Rusk, Glanville Y., Pathological Institute, Ward's Island, New York.
Smith, Alan W., Oregonian Building, Portland, Oregon.
Sudler, Mervin Tubman, Cornell University, Ithaca, N. Y.
Vogel, Charles W., United States Public Health and Marine Hospital Service, Manila, P. I.
Wattenscheidt, Charles, Orlando, Fla.
Wentz, A. C., Hanover, Pa.
Westphal, Herman, Montana.

Honorary members	17
Active members	924
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